_		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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O	-1	5	3	1

	REGISTRAR		CERI	IFICATE OF DEATH	REG. NO	0		
	DECEASED NAME FIRST TYPE OR PRINT) WILLIA		SON ABELL	LAST	December 3	MONTH DA	AY YEAR	26 HOUR 1:50A M
	Male Male	* RACE White	Sep	e of Birth ot. 20,1895	6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	USA	MARE	RIED NEVER MARRIED WED DIVORCED	St.Mar	9 BALTIMORE CITY OR COUNTY OF D St. Mary's		
4	Leonardtown	St.Mar	y's Hospital	E OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Civil Ser	F WORKING LIFE)	INDUSTRY.	r BUSINESS OR
1		VIY	ive residence before admissio 3c. CITY OR TOWN St. Inigoes	13d. INSIDE CITY LIMITS?		Deliv	very	
1	Richard	Thompso	n Äbell	15 MOTHER'S MAIDEN NA	WE		Dent	ī
16	WAS DECEASED EVER IN U.S. AF YES, NOOR UNKNOWN) (IF YES, GI	MED FORCES?	66 SOCIAL SECURITY NO 577-26-818		ADDRE ker Mana	エリとこ		ham Ct. 22110
101	PART 2: OTHER SIGNIFICANT	1 10	AS A CONSTOLIENCE OF THE STATE	any Tract	MYECLI MALDIEASE DR CONE	ON DIVE	N PART 1:0	
Contrator Aprilons	196 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERAT	ION WAS PERFORMED	YES NO	JOS IF YES. YES IN CERTIFYI	WERE FINDIN ING CAUSES	OF DEATHY
MEDICALCE	OR COLUMN COLUMN COLUMN	21e PLACE OI (AT HOME STREE	. MONTH DAY YEA . 15 FINJURY T. FACTORY OFFICE, FARM. ETC.)	211 LOCATION SIREET and that in (my) (pm) apinion DEGRIE	CITY OR TO:	WN . 150, 15	COUNTY	A STATE OF THE PARTY OF THE PAR
	726 PHYSICIAN'S NAME J.Patrick Ja	boe,M.	· John El	PHYSICIAN [22e ADDRESS / Medical Arts	1	Marie	n, Mary	2//8/ land 206
23	BUFIAL CREMATION, REMOVAL	1/1/82		CEMETERY OF CREMATORY	23d LOCATION St. Mary	s Cit	EV St.	Marv s

BP_

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is

W. "Clarke Mattingley

Leonardtown, Md.

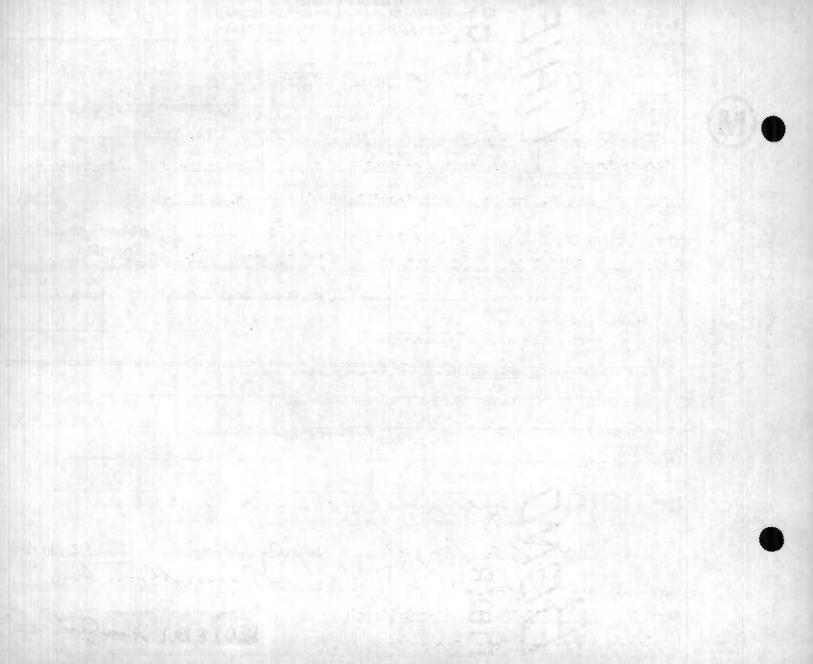
St. Mary's City St. Mary's

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE. Md.

JAN 4 1982 Frances Van 9/2

JAN STER THE PARTY

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2			FOR STATE			DEPAR	TMENT OF	HEALTH AN	ID MENTAL H	IYGIENE)		3 3	3 9	
			REGISTRAR			MEDICA	LEXAMIN	ER'S CER	TIFICATE C	F DEATH	REG.	NO.		
			EASED NAM	FIRST		MIDDLE		LAST			TE KNOWN	MONTH	DAY YEAR	76. HOUR
	West	(TYP	OR PRINT)	WILLIA	\ /	ELMER		ATTEN.	TD	DE	OF ESTI-	DEC.	8, 1981	12.56
	30424	3. SEX		4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEA	ARS IF UNDER	JR. IF UNDER	24 HRS. 2c. [DATE	MONTH	DAY YEAR	2d HOUR
	E 20 1 1 1 1	MA	T.E	CAU.	MONTH O	, 1911	~~		DAYS HOURS		OUNCED DEAD DITC	\$, 19	rgc	
	(00)	-	RTHPLACE (S			OF WHAT COL		1		9 BA	LTIMORE CIT			M
	t Ne PZ	FO	REIGN COUNTRY)	N. P. W. College	173,000			4	NEVER MARR	IED L		_		
	- A	10 CI	aryland	OF DEATH	U S		NURSING HOME	WIDOWED	DIVORC	ED LISUAL O	St. Mar	y's	12b KIND OF BU	MD.
	SHOHOT/				(IF NOT II	N SUCH FACILITY, GIV	E STREET ADDRESS)		3111011014	FOR MOST O	WORKING LIFE)	TYPE OF WORK	OR INDUST	
	A S S S S S S S S S S S S S S S S S S S	and the second	eonard		St	. Mary's	Hospit	al		Carpe	nter		Contract	ors
-	SCOPE A		L RESIDENCE	(IF IN NURSING HOME OF			NCE BEFORE ADMISSI ITY OR TOWN		INSIDE CITY LIMITS?	13e STREET AL	DDRESS			
120	まる名があれてい	Ma	ryland	St.	Mary	's Med	chanicsv	ille YE	S NO D	Rt. #	1. Box	361		
D. 2	ENT'S		THER'S NAME		MIDDLE		LAST	15. A	MOTHER'S MAID	ENNAME	MIDDLE		LAST	
E, M	200	W	illiam	Elr	ner	Allen	Sr.		Estelle			Hoffer		
OR	TEIL DIS TO NO	16a. V	AS DECEASE	DEVER IN U.S. ARM	NED FORCE	S? 16b. S	OCIAL SECURIT	Y NO. 17. II	NFORMANT		ADDRE	92		
BALTIMOR			Yes	1943-			0-071450	Ed	dith L.	Allen	Rt. # 1 Wechani	BOX	361	Tand
	URS AL WITH PAGI DIVISI			F DEATH (Enter and							MECHAIII	CSVIII	APPROXIMAT	EINTERVAL
ST.,	A = -		PARTIDE	ATH WAS CAUSED	BY:		Ro	0 0	areur		m. La	lin	BETWEEN ONSI	T AND DEATH
	AIN 24 HO IN ITEM I R ALONG SIT PERMI HYGIENE,		129	IMMEDIATE	E CAUSE (a		ONSEQUENCE (AU CECHA	n110_0_	770000		3	gra
PRESTON	H SIT S			ns, if any, which										
W. PR	MINER MINER TRANS			se to immediate	(b	/	ONSEQUENCE (25						
301 W	PE AL-		lying cau		DOE	TO, OR AS A CO	ONSEGUENCE (JF.						
	AL EDAR		DANK A BRUGE CI		(c									
	A TOTAL	z	PAKI Z DIHEK SI	GNIFICANT CONDITIONS C	DNIKIBUTING	IO DEATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVEN IN PA	(RT 1 (a).				
	PENDIN F MEDI F MEDI ED AS A HEALTH REMAT	TIO	IA- DAVE OF	OPERATION	lea			171011111111111111111111111111111111111	505004500					
	HIEF LANGED OF HE CRE	ICA	190. DATE OF	OPERATION	196.	CONDITION FO	R WHICH OPER	ATION WAS PI	ERFORMED?				20. AUTOPSY	?
	S S C S S	CERTIFICATION				71.15.05	7210	Tax and					YES 🗌	NOX
	CATE WE WEND BOURD	CE	UNDERLYING	L CAUSE WAS		TIME OF INJURY	Y TH DAY YEAR	21c. HOW 11	NJURY OCCURR	D (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PA	RT 2)	-17
	TIFIC TO TO HOU	MEDICAL	CONTRIBUTI	NG CAUSE OF D		P.M.	19							
	CERTIF TING T DED TG 3 SHC DEPAR	NED	21d. INJURY C			PLACE OF INJUI		211. LOCATION STREET	ON	CITY	OR TOWN		unty	STATE
	W III	Z	AT WORK	NOT WHILE	3	HELI, FACTORT, FARA	*1, to 1 to 1 j	SINCE		CIIY	ON TOWN	20	W111	SIMIE
	PAW RW STA				. fab.			Γ	1	X.	. TX	4		
		2	THE WATER	fy that I taak charge		X)		Autopsy L	, Inspection	,	juiry LA	and in my ap	DINION	
	CERTIFICA JLD BE FO DIRECTOR WITH THE ARYLAND,		death result	ed fram: Nature	al causes	Accide	nt L, Su	nde L.	Hamicide	Undetermin	ed manner	١.		
,	L EXAMINEI E CERTIFICA OULD BE FG IL DIRECTOR H, WITH THE MARYLAND,		ACTUAL	/	21	11/1	1	Т	ITLE (SPECIFY)			DATE	1 -	101
	RAI RAI ATH, E, M		SIGNATURE.	4	111	N/1	Mars	M.D.	supul	7-MEDICAL I	EXAMINER	SIGNE	0 7 7	1-81
	NE N	1	EXAMINER'S	NAME 41	11	1 1 1 10	T	> //	(0	1	1	7	1
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH BATTIMORE, MA		(TYPE OR PRI	VT)(TV	116	LIAM	1	O VC ADDI		0.00		- star	· un	
	PAC PAC BAF	23a.B	JRIAL, CREMA	TION, REMOVAL 23	B. DATE	23	. NAME OF CE	METERY OR CR	EMATORY	23d. LOCATI	NON	COU	NTY 5	TATE
	BP		rial		2-11-	-81	Fort Li	ncoln			nsburg	Prince	George	s, Md.
	DHMH - 17	24. F	JNERAL DIREC	TOR	1	ADDRESS			25a. DATE	REC'D BY REGI	STRAR 256 RE	GILLA	u Chan	and -
	(VR A15 ME (5)) 15M 7/76			eld Funer	al Ho		nardtow	n, Md.	100	金がアア	0 1301	- 155 CC	- W	



	1	REGISTRAR	MEI	DICAL EXAMINE	E OF MARYLAND EALTH AND MENTAL ER'S CERTIFICATE	OF DEATH	G. NO.	1 7	2
4		CEASED NAME FIRST ROLAN	d A	MIDDLE	Bareham	20. DATE KNOW OF ESTI-	7')	22 81	26. HOU
	3. SEX		5. DATE OF BIRTH MONTH DAY	6. AGE (IN YEAR YEAR LAST BIRTHDAY	IF UNDER TYR. IF UND	DEATH MATER ER 24 HRS. 2c. DATE PRONOUNCED	, ,	DAY YEAR 81	2409
	70. BI	RTHPLACE (STATE OR	March 2	7,1917 648		9. BALTIMORE C		19	
5	FOI	REIGN COUNTRY) Md.	U.S.A		MARRIED NEVER MAI	RRIED 🔲	TV'S		AA.
G		TY OR TOWN OF DEATH	11. NAME OF HOS	CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE	TYPE OF WORK 12	OR INDUSTR	SINESS
-	USUA	atuxent Rive:	OR OTHER INSTITUTION, GIV	Hospital VE RESIDENCE BEFORE ADMISSION		Carpenter			
	13a. S1		Mary's	Lexingtor	13d. INSIDE CITY LIMITS		ex Drive	٥	
1	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MA		A DLTV	LAST	
		quilla Bareh			Ethel	Este	222		
	160. VA	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE Yes	MED FORCES? WAR OR DATES)	213-03-30	20	ry Norman		2 Box	57 Pa
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE MAMEDIA Conditions, if any, which gave rise to immediate	TE CAUSE (a) M.	far (a), (b), and (c).) YOCARDIAL IN AS A CONSEQUENCE O				APPROXIMATE BETWEEN ONSET TMMED.	AND DEATH
	NOI	cause (a) stating the <u>under-lying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	AS A CONSEQUENCE OF		PART 1 (a).			
7	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPERA	TION WAS PERFORMED?			20 AUTOPSY?	NO X
-	Y = 1								
3		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
23	MEDICAL CERTI	UNDERLYING OR	HOUR A.M DEATH P.M. 21e PLACE C	MONTH DAY YEAR	21f. HOW INJURY OCCUR 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN IT) CITY OR TOWN	EM 18 PART 1 OR PART 2		STATE
3		UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK 270 certify that I took charge death resulted from Natural Andrews	DEATH P.M. 21e PLACE C STREET, FACT	MONTH DAY YEAR 19 DF INJURY (ATHOME, ORY, FARM, ETC.)	21f LOCATION STREET Autopsy , Inspectide , Hamicide	CITY OR TOWN	and in my apini	'Y	
23		UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK 27a certify that I took charge death resulted from Nature ACTUAL SIGNATURE	HOUR A.M P.M. 21e PLACE C STREET, FACT ge of the remains descral causes XX,	MONTH DAY YEAR 19 19 OF INJURY (AT HOME, ORY, FARM, ETC.) cribed above, held an Accident , Suice	21f LOCATION STREET Autapsy , Inspectide , Hamicide	CITY OR TOWN	and in my apini	Υ	
23		UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK 27a certify that I taak charged death resulted fram. Nature ACTUAL	HOUR A.M P.M. 21e PLACE C STREET, FACT ge of the remains descral causes XX,	MONTH DAY YEAR 19 19 OF INJURY (AT HOME, ORY, FARM, ETC.) cribed above, held an Accident , Suice	Autapsy , Inspective , Mamicide , Mamicide , Mamicide , Mamicide , Mamicide , DEPUTY	city OR TOWN from X. Inquiry XX, Undetermined manner	and in my apini DATE SIGNED	ry Ian	**************************************
5301	WEDICAL 230, BI	UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK 27d Certify that I taak charged death resulted from Nature ACTUAL SIGNATURE EXAMINER'S NAME 17 1 1	HOUR A.M P.M. 21e PLACE C STREET, FACT ge of the remains descrat causes XX, am D. Boyo	MONTH DAY YEAR 19 19 19 Cribed above, held an Accident , Suice 1, M.D. 23c, NAME OF CEM	Autopsy , Inspectide , Hamicide , Manicide , DEPUTY	tion X. Inquiry XX, Undetermined manner MEDICAL EXAMINER	and in my apini DATE SIGNED. Land	12/23/	

All results are their first transmitted

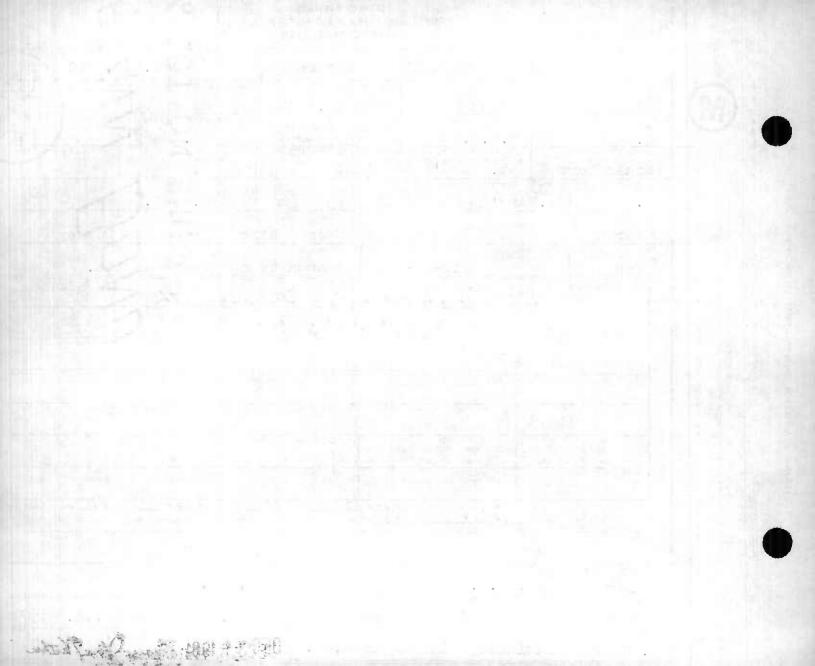
Leonardtown, Md.

Clarke Mattingley

(VR A 15 (4))

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST TO DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH St. Mary's County (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS General Delivery Combs Rt. APORES Box 78 Richard A. Bean, Lexington Park, Maryland

COUNTY

22c. DATE SIGNED

STATE

NO IT

Great Mills, St. Mary's, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Brinsfield Funeral Home, Leonardtown, Maryland

PHILIPPE CONTROL SHARE SHARE TOOL 3, 1981 1934

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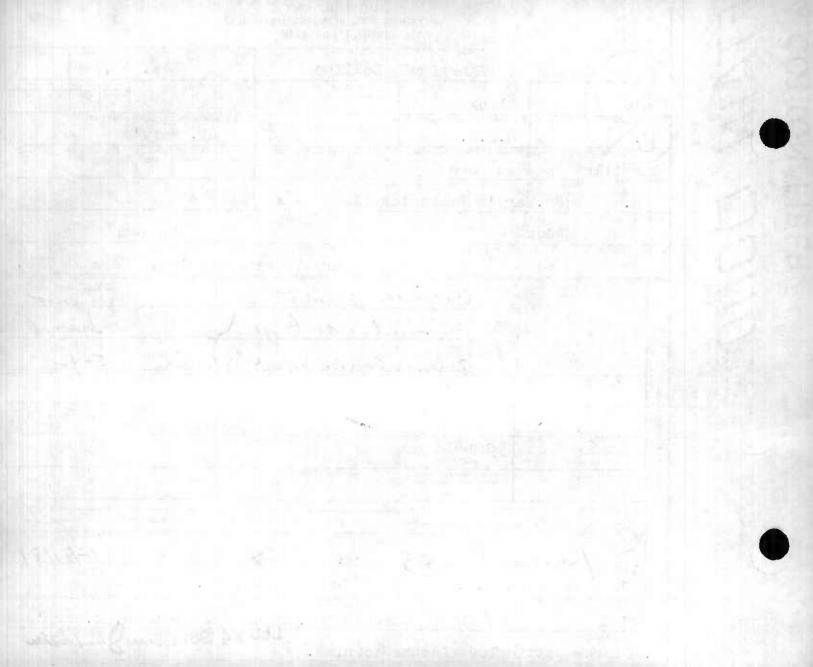
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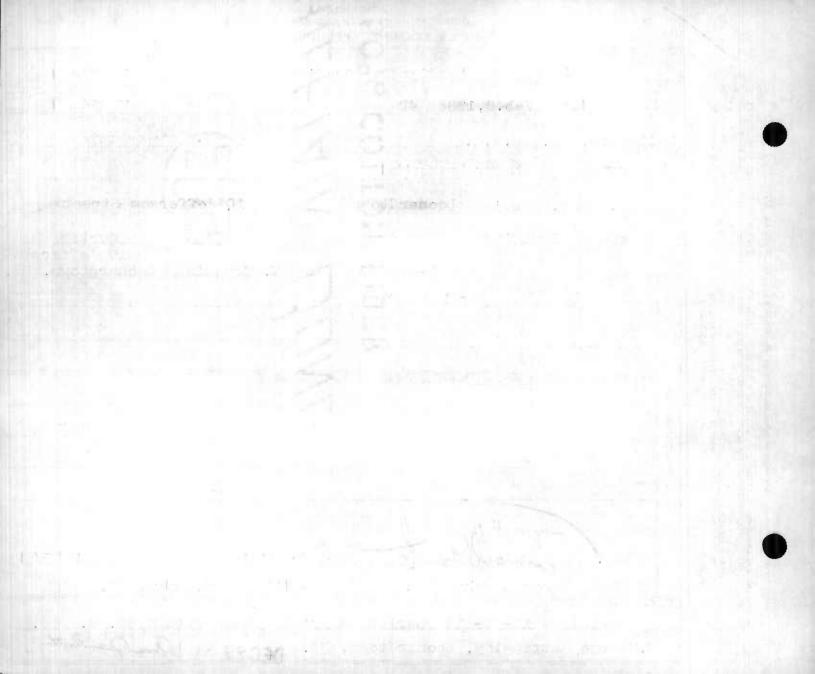
/ 1	. 1	OR STATE	4)04	. 2/1/82	DEPARTMENT OF	TE OF MA		YGIENE		3 3	1 9	3
		REGISTRAR		ME	EDICAL EXAMI	NER'S CE	RTIFICATE O	F DEATH	REG.	NO.		
		EASED NAME	FIRST		MIDDLE	ĘAS	T	2a DAT	E KNOWN	HINOM	DAY YEAR	2b. HO
	{ I TPE	Jam	es	V	ernon	C1	ements	OF DEA	ESTI-	Dec.	.26 1981	190
t	SEX	4 RA		5. DATE OF BIRTH	6. AGE (IN)	EARS IF UNDE	R 1 YR. IF UNDER		ATE	MONTH	DAY YEAR	2d. HOL
	Ma.		ite	April 3		PAY) MONTHS	DAYS HOURS	MIN PRONC	AD AD	Dec	.26 181	190
ľ	7a. BIF	THPLACE (STATE OF		76. CITIZEN OF V	VHAT COUNTRY?	8. TAPPIER	NEVER MARRI	FD 9. BALT	IMORE CIT	OR COUN	TY OF DEATH	
ı		llywood, M	d.	U.S.A.		WIDOWED			St. Ma	ry's		M
ľ	D. C17	Y OR TOWN OF D	ATH	TI. NAME OF HO	SPITAL, NURSING HOA	E, OR OTHER	INSTITUTION	12a. USUAL OC	CUPATION (TYPE OF WORK	126 KIND OF B	USINESS
		tuxent Ri		1	FACILITY, GIVE STREET ADDRESS Hospital Pa		River	FOR MOST OF V	VORKING LIFE)		OKINDOS	KI
	USUA 13a. ST		113b. COUNT	TY	13c. CITY OR TOWN		I. INSIDE CITY LIMITS?	13e STREET ADI	ORESS			
	Md		St.Ma	ry's	Californi		res \ NO \	Rt.2	, Box	44		
	14. FA	THER'S NAME		MDDIE		15	MOTHER'S MAIDE	N NAME	MIDDLE		TZAL	11.0
	Ε,	James James		F.	Clements		Ethel		G.		Newton	
ľ	16s. W	AS DECEASED EVE	R IN U.S. ARA	AED FORCES?	16b. SOCIAL SECUR	TY NO. 17.	INFORMANT		ADDRE	ss Rt.	1. Box	956
		s, no, or unknown)	(IF YES, GIVE V	WAR OR DATES)	578-26-47	27 M	. Ethel 6	arner	Hol		Md.20	
F			TH (Enter onl	v one couse per lie	ne far (o), (b), ond (c).)						APPROXIMA	E INTERVAL
		PART I DEATH	WAS CAUSED	BY:		T 0					BETWEEN ONS	ET AND DE AT
ı		4101	MMEDIAT	E CAUSE (o)	Mycardia		cction				1mme	1.
ı		Conditions	an hish	DUE TO, O	R AS A CONSEQUENCE	OF						
ı	_	Conditions, if gave rise to		(b)								
ł		couse (o) stotu lying cause las		DUE TO, O	R AS A CONSEQUENCE	OF						
۱		lying coose ios	-	(c)						- VI		
l	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS (CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	MINAL OISEASE OR	CONDITION GIVEN IN PAI	RT 1 io .				
	MEDICAL CERTIFICATION	19a, DATE OF OPE	PATION	TIBL COND	ITION FOR WHICH OPE	PATION WAS	DEBEODANED?				2B AUTOPSY	12
ı	5	THE DATE OF OFER	AIIOII	178. COND	MINOR POR WHICH OF	KATION WAS	PERFORMED!					
ľ	E		12511125								YES 🗌	NO X
-	CE	216. EXTERNAL CA		116 TIME O	DF INJURY M. MONTH DAY YEA	AR 21c. HOW	INJURY OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM	18 PART 1 OR PA	ART 2)	
	CAL	UNDERLYING CONTRIBUTING		DEATH P.	M. 19							
	EDI	21d INJURY OCCU			OF INJURY (AT HOME,	21f. LOCA		CITY OF	TOWN		DUNTY	STATE
1	2	WHILE AT WORK AT	T WHILE) SIREEI, FA	CONT, CARM, ETC.)	SIRE		CITA OF	IOWN	CO	JUNIT	STATE
23		AT WORK AT	WORK	e of the remains de	escribed abave, held an	Autopsy	, Inspection	n X Inqu	ry 🕱	ond in my o	pinian	
		death resulted fro	m: Natur	al causes	Accident , S	ivicide .	Hamicide .	Undetermined	manner],		
1			//	2	1 0		TITLE (SPECIFY)					
1		ACTUAL SIGNATURE	1/1	1) /	30 N.	M D	Deputy	MEDICAL EX	AMINED	DATE	12-2	7-8
-1	. ,	SIGNATURE	-		700			MEDICALEX	AMINER	SIGNI		/ "
1					5 2 24 5		T.ec	nondtown				
		EXAMINER'S NAM	E Wi	lliam D	BOVO M II				n Md	20650)	
		EXAMINER'S NAM (TYPE OR PRINT)		lliam D.						20650)	
I	23a.BL	IRIAL, CREMATION	REMOVAL 2	3b. DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO CITY OR TOWN		cou	YTAL	STATE
	230.BU	IRIAL CREMATION	REMOVAL 2			EMETERY OR C	rematory	23d. LOCATIO CITY OR TOWN	n nod S	cou + Mar	y's _M	d.
	230.BU (SI Bur 24 FU	IRIAL, CREMATION	REMOVAL 2	36. DATE 12/29/81	23c NAME OF C St. John	emetery or cons	rematory	23d. LOCATIO CITY OR TOWN	n nod S	cou + Mar	y's _M	

Item #8 Film G564 2/1/82 rc

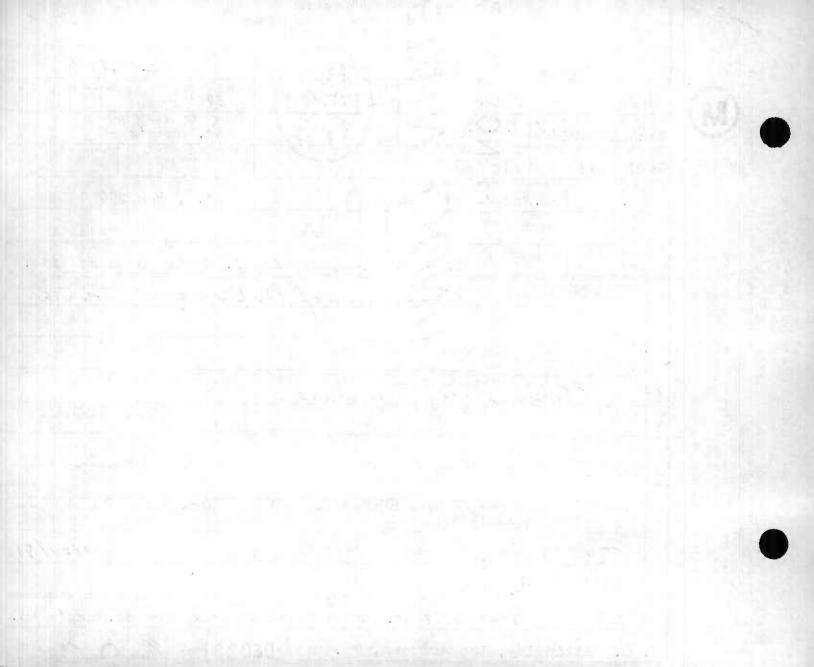
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		FOR			ST DEPARTMENT OF		ARYLAND AND MENTAL H	YGIENE	3	3	19	1
/		STATE REGISTRAR		M	EDICAL EXAMI	NER'S C	ERTIFICATE O	F DEATH	REG. NO.			
	1. DE	EASED NAMI	FIRST		MIDDLE		LAST	2a. DATE	KNOWN	MONTH	DAY YEAR	26 HOUR
	(TYP	OR PRINT)	Josep	n h	Ignatius	Co	ountiss	OF	MATED	12	24 19 81	
	3 SEX		4. RACE	5. DATE OF BIRTI	H 6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER			MONTH	DAY YEAR	2d HOUR
ı	Ма	le	Black	Reb.9,		YRS. MONTH	S DAYS HOURS	MIN. PRONOU!	D NCED	12	24 1981	6:34P
1	7a BI	RTHPLACE (ST	ATE OR		WHAT COUNTRY?	8. MARRI	D NEVER MARRI	P. BALTIA	NORE CITY OR	COUNTY	OF DEATH	
2		llvwo	od. Md.	U.S.A		WIDOW			Mary's	Cour	nty,	MD.
		eonardt		11. NAME OF HO	SPITAL, NURSING HO/ FACILITY, GIVE STREET ADDRESS Y'S HOSPITA	AE, OR OTHI	ER INSTITUTION	12a. USUAL OCCU		F WORK	26 KIND OF BU OR INDUST	SINESS
1	-			R OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS	SION)						
2	13a. S		13b COUNT		heonard		13d. INSIDE (ITY LIMITS? YES NO 😡	510 Jet	fferso	nist	mont	0
-	14. FA	Md.		Mary's	Treomaro	LO WILL	15. MOTHER'S MAIDE		rierso	11 0 6		toad
1		FIRST		MIDDLE	LAST		FIRST		MIDDLE	C	LAST	
4	16a. W	JOSED AS DECEASE	EVER IN U.S. ARA	natius MED FORCES?	Counti		Mary 17. INFORMANT	Elle	ADDRESS		rtis	- C
	(YE	S, NO, OR UNKNO	WN) (IF YES, GIVE V	WAR OR DATES)				O-1		510		rsonS
I		NO 18 CAUSE O	F DEATH /Enter onl	v one cours per li	217-36- ne far (a), (b), and (c).)	8038	Mary F.	Counti	ss Le	onar	I APPROXIMATI	INTERVAL
		PARTIDE	ATH WAS CAUSED	BY:	ardiomyopat	hv					BETWEEN ONSE	T AND DEATH
		40	5 HIMMEDIAT	E CAUSE (0)	OR AS A CONSEQUENC							
			ns, if any, which								0.1	
-			e to immediate stating the under-	DUE TO, C	OR AS A CONSEQUENC	OF				1		
1		lying cou		1		. 01					77.5	
		PART 2 OTNER SI	GNIFICANT CONDITIONS (ONTRIBUTING TO DEAT	IN BUT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PA	N 1 to				
	NO											
7	ATK	19a. DATE OF	OPERATION	196. CONE	DITION FOR WHICH OP	RATION W.	AS PERFORMED?				20 AUTOPSY	,
ĺ	IFIC			1,000							YES X	NO 🗆
1	CERTIFICATION		L CAUSE WAS		OF INJURY	21c HC	W INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT) OR PART		
	W	UNDERLY INC	OR CAUSE OF D		M, MONTH DAT TE	M.K.						
	MEDICAL	71d INJURY C	CCURRED	21e PLACE	E OF INJURY (ATHOME,		ATION	CITY OR TO	2000		. IV	47
	¥	AT WORK	NOT WHILE C] STREET, FA	ACTORT, PARM, ETC.)	,	REEL	CITY OR TO	JWN	COUN	MIA	STATE
				e of the remains of	escribed above, held an	Autops	y X, Inspection	n , Inquiry		in my apir	nion.	
				N .		Autops		n ∟, Inquiry Undetermined m		іл ту аріг	пол	
		deoth result	Notur	ol couses	1 Closent	ouicide	TITLE (SPECIFY)	Underermined m	ianner,			
		ACTUAL	1 11/	DAM !	Mary To		Deputy Chi	efinici	14 15 IS D	DATE	12/2	7/81
7		SIGNATURE.	10	The same	1 Mm	M.	DODATY OIT	MEDICAL EXAM	MINER	SIGNED	14/4	,,01
y di	Separate Se	EXAMINER'S (TYPE OR PRI	NAME Thoma	as D. Sm	ith, M.D.		ADDRESS 111	Penn St.	Balto.	, MD.	11400	
-	23a, B	JRIAL, CREMA	TION, REMOVAL 2		23c. NAME OF C		ADDIKE SS	123d LOCATION				
	(5	PECIFY)	rial	12-29-			morial	Leonar	dtown	St.		d.
	24. FI	JNERAL DIREC	TOR				25a. DATE	REC'D. BY REGISTR.				
		W.Cla	rke Mat	tingley	s, Leonard	town,	Md.	C 2 9 198	Man	u Gla	- March	
							111	ULV				

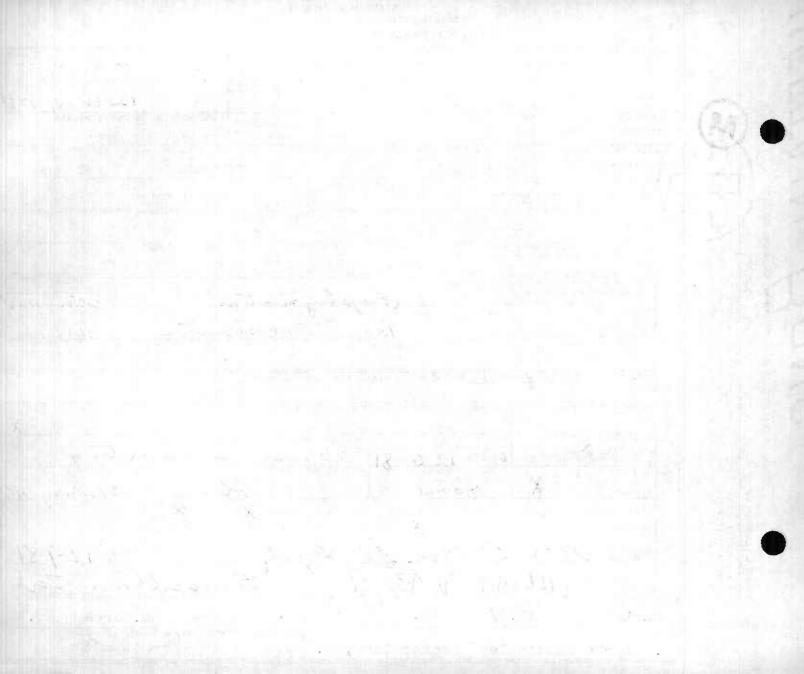


AF 1	1.	FOR STATE REGISTRAR			ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	3 3 1 7 8
3010		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MON	11 DAY YEAR 26 HOUR 2. 24, 1981
4 600		James			Cusic		
	1 58	ale	White		5. DATE OF BIRTH JULY 14,192 EAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Me	RIHPLACE (STATE OR FOREIGH). Chanics ville	1// \ 4		MARRIED CENEVER MARRIED WIDOWED DIVORCED	- / // // m m 1	
by the further defiled with		TY OR TOWN OF DEATH LLywood	II. NAME OF HOSPITAL	L, NURSING GIVE STREET AD	HOME OR OTHER INSTITUTION DRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOI	12b. KIND OF BUSINESS OR INDUSTRY
filled in could be in must be	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	or other institution, give residing your Many's Hol	OR TOWN	od 13d. Inside city limit d yes \square no \square		ox 284
ed within		ohn	MIDDLE	LAST	15 MOTHER'S MAIDER Nona	N N AME MIDDLE	Bussler
oe execut n ond co Poges I	16a V	VAS DECEASED EVER IN U.S. A LES NO OR UNKNOWN) 1 IF YES, GI	IVE WAR OR DATES)	12-12-		ine T. Cusic	Same as 13e.
rcote k hysicio popers ovol. nt, the		18 CAUSE OF DEATH Enter of	only one couse per line for to	o), (b), and		7 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death of by the ottendineless remove corrol, cremation, or or other troumoti		Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CO				
een signe iit. Then p rior to bur ny mjury,	ATION	PART 2 OTHER SIGNIFICANT	me tu	nc	PERATION WAS PERFORMED	TERMINAL DISEASE OR CONDITION 200 AUTOPSY? 200	ON GIVEN IN PART 1(0) IF YES, WERE FINDINGS USED
The low icion. te hos b sit perm giene pr	CERTIFICATION	DATE OF OPERATION	148. CONDITION TO	in which c	PERATION WASTERIORMED		CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: ending physic this certificate buriol-trons to buriol-trons do Mentol Hysed or Item 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LAIN	NTH DAY	YEAR 19	CCURRED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)
ING PHYS	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR LAT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spital or CTOR: At for use of of Healt		220 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did r	pital) attended the decease on 12-18-81 not view the body after dea	19		inion death occurred on the date o	nd hour and from the couses stated
ALOR A the hor ALORE A the hor ALORE A the horteded of the Dept All. If Item		22b. SIGNATURE	Any ton	~	DEGREE ATTENDIN PHYSICIA		22c. DATE SIGNED 12/24/81.
TO HOSPITAL retoined by the TO FUNERAL should be derived that the Store IMPORTANT:		22d PHYSICIAN'S NAME ITYPE	Boyd &	np	22e ADDRESS		
Bb	230 E	BURIAL, CREMATION, REMOVA SPECIFY) LUNIAL	12-28-198		ME OF CEMETERY OR CREMATO	tery Hollywood	d St. Mary's Md.
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	uneral director C. Matting	ley, Leonaî	rdtow	m, Md.	DEC 28 1981	REGISTRAR'S SIGNATURE



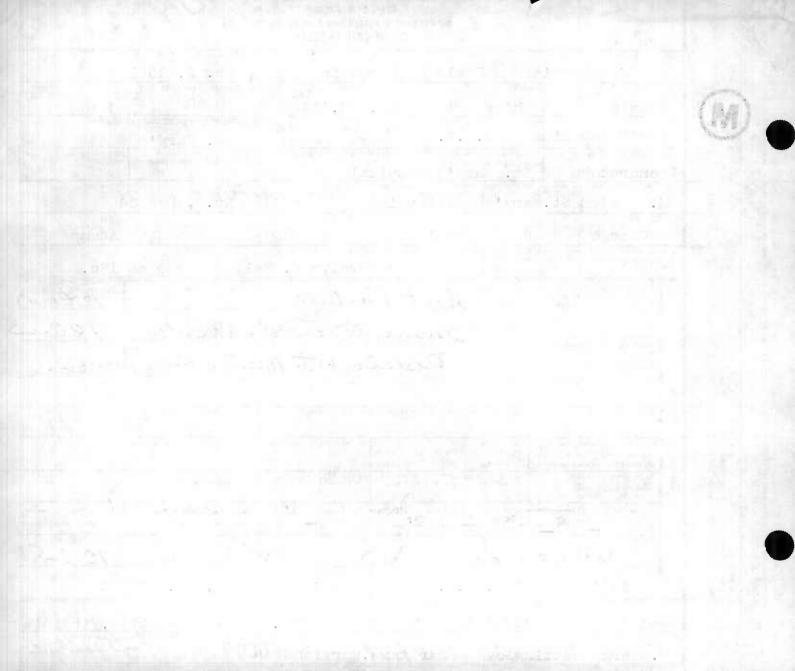
200. 20, 1951 6:11a DOMEST CANAD DESCRIPTION Et. Mary's Courty Legigmond a type i . is the contraction Market - start start till bid in grad of sit year offers . T. M. T. . The strain of

1- FOR	E		DEPARTMENT OF	HEALTH		4.0		3	2 0	0
1 DECEAS		FIRST	MIDDLE		ERTIFICATE C		REG. NO		DAY YEA	R Zh HOU
(TYPE OR PI	RINT)	LOUIS	KEARNEY	FOR	RREST SR		TH MATED		06 19 83	
3. SEX MALE	0		5 1905 TAST BIRTH	DAY) MONTHS	DER 1 YR. IF UNDER	MIN. PRONO	ATE DUNCED AD	MONTH 12-	06 19 S	20 11001
ST M	ARY'S, MD	USA	VHAT COUNTRY?	WIDOWE		IED 🗌	MARY'S			MC
PATUX	ENT RIVER	NAVAL I	DSPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS HOSPITAL)	RINSTITUTION		CUPATION (TYP		126. KIND OF OR INDU FI SH	STRY
	LAND 13b.	COUNTY ST MARY S	130. CITY OR TOWN	SION)	3d. INSIDE CITY LIMITS?	13e STREET AD	RAL DELI	(VERY		
I4. FATHER JO	1R ST	WESLEY	FORRES"	1000	IS. MOTHER'S MAIDI		MIDDLE		LAST	
160. WAS E (YES, NO.	OR UNKNOWN) (IF Y	I.S. ARMED FORCES? (E5, GIVE WAR OR DATES)	166. SOCIAL SECUR UNKNOWN	ITY NO.	7. INFORMANT	JR . FORRE			ID	
PART	Conditions, if ony, gave rise to imm cause (a) stating the lying cause last.	which lediate (b)	OR AS A CONSEQUENCE OR AS A CONSEQUENCE H BUT NOT RELATED TO THE TER	roch		struc	tev		in	VSET AND DEATH
TIFICATI	DATE OF OPERATION	N 196 CONE	DITION FOR WHICH OPE	ERATION WA	S PERFORMED?				20 AUTOPS	
OCAL COV	EXTERNAL CAUSE W DERLYING OR NTRIBUTING CAUS INJURY OCCURRED ILE NOT WHILE WORK AT WORK	SE OF DEATH 600 P.	M-MONTH DAY YEA	211. LOC.	WINJURY OCCURRE Spurit ATION	D (ENTER NATURE O	FINJURY IN ITEM 18 I	eat		STATE W
dec ACT SIGI	20 I certify that I taak oth resulted Iram:	A charge of the remains d Natural couses ,	(V)	Autopsy	Hamicide ,	Undetermined MEDICAL EX	manner ,	DATE SIGNE	onion DIZ	7.81 Zel
23a BURIAL	CREMATION, REMO	236. DATE 12/9/81	23c. NAME OF CI St. Mi	METERY OR		23d LOCATIO CITY OR TOWN Ridg	e St	. Mar	nty Cys	₩ď.
- NAMI	al director Clarke Ma	attingley	S Leonardt	own, N		REC'D. BY REGIS		STRAR'S S	Marth	



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



X	1						AARYLAND		-65 3	werty .	P-9 1		
6		FOR STATE			EPARTMENT OF				12	Ú	5 4 6	la .	
		REGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICATE		KEO.				
	1. DE	CEASED NAME	FIRST		WICOLE		LAST	2	OF ESTI-	HINOM	DAY YEAR	26. HOUR	
Wanter	(IAb	e or print)	har	T	20	Grai	n+		OF ESTI-	0 12	6 19 81	1710	
25.00	3 SEX			S. DATE OF BIRTH	6 AGE (IN	EARS IF UN			DATE	MONTH	DAY YEAR	2d. HOUR	
(成學)	-	7 77		MONTH DAY	1915 65		HS DAYS HOURS	MIN. P	RONOUNCED	13	6.91	1718	
1 66840		nale B1		Dec. 23		YRS.			BALTIMORE CIT	Y OR COUN	TY OF DEATH	IN	
科学 多音说 ///	FO	REIGN COUNTRY)			A COONTRI		ED NEVER MAR	RRIED		_			
#5"3"/U		orth Carol		U.S.A. WIDOWED DIVORCED St. Mary &							12b. KIND OF BU	MD.	
WESSEN!	10. CITY OR TOWN OF DEATH			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)							OR INDUSTRY		
30250	A	onardtown			ry's Hospi			Reti:	red Gov't	.Work	U.S. G	ov't	
TAIN DE	13 a. S		RSING HOME OR		13c. CITY OR TOWN	SION)	134 INSIDE CITY LIMITS?	113e STRE	ET ADDRESS				
SHOULD SH		ryland	St. M	lary's	Bushwood		YES NO		gview Bea	ch			
22. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		THER'S NAME					15. MOTHER'S MAI		WIDDLE		LAST		
PAN		ordon		WIDDLE	Grant		Georgi		WIDDLE		Battle		
MORE TER DE PAGE FORM NO OF		AS DECEASED EVER	INU.S. ARM	ED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT	Laimia	ADDR	ESS			
I PERSON IN	(Y)	S, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	ENN OF T	220	T277. C	\	6101 16t	h St.	N.W.		
BALTIMORE, MD. URS AFTER DEATH. B. GIVE PAGES 1. WITH FORM PM. PAGES 1 AND 2. PAGES 1 AND 2. DIVISION OF WEA		No			577-24-1	330	Lucille C	winn,	Washingt	on, D.	APPROXIMAT	EINTERVAL	
5 0 80 F		18 CAUSE OF DEAT PART I DEATH W	fH (Enter anly /AS CAUSED	ane cause per line BY:	far (a), (b), and (c).)	1	1	7	77		BETWEEN ONSE	T ANO DEATH	
PRESTON ST WITHIN 24 HC CIL IN ITEM 1 INER ALONG ANSIT PERMI WOVAL.		MILLEN		CAUSE (a)	<u> </u>	erse	Dr. 4	cr	y win	LA	com	ed.	
AL AL AL		7170	0.1	DUE TO, OR	AS A CONSEQUENCE	E OF	- 1	4	10	-			
ANS ANS		Canditions, if		(b)	arke	rie	Seler	七二/	Heart	estad	57	121	
W. W		cause (a) stating lying cause last.		DUE TO, OR	AS A CONSEQUENCE	OF					1		
301 W. CUTED V. IN PEN IN PEN		lying cause last.		(c)					117/16				
SXECU IG" IN CAL E CAL E N BUR AND		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a).		4 11 44		100	
DIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" ROED TO THE CHEF MEDICAL E 3 SHOULD BE USED AS A BLE DEPARTMENT OF HEALTH AND PRIORTO BURIAL, CREMATION	Z												
REA SEA	ĪĒ	19a. DATE OF OPERA	ATION	19b. CONDIT	ION FOR WHICH OP	ERATION W	VAS PERFORMED?				20. AUTOPSY	?	
TALRE HOULD USED OF HE	FIG										YES 🗆	NO 🔽	
ATE SI WORTHE CHILD BE KENT	CERTIFICATION	21a. EXTERNAL CAU	SE WAS	21b. TIME OF	INJURY	21c. H	OW INJURY OCCUR	RED LENTER N	ATURE OF INJURY IN ITE	M 18 PART 1 OR P.			
PN OF FICATE THE W OULD TO BU	2	UNDERLYING			MONTH DAY YE	AF							
STIFE G TE PARI	0	CONTRIBUTING 21d. INJURY OCCUR			DF INJURY (AT HOME.	216.10	CATION						
IVISI CERT TING DED DED DEP DEP	MEDICAL	WHILE NOT	WHILE [ORY, FARM, ETC.)		STREET		CITY OR TOWN	co	YTAUC	STATE	
D WRIS WRIS AGE	1	AT WORK AT W	VORK				734						
ST.	100	22a. I certify that	I took charge	af the remains des	cribed abave, held an	Autop	sy , Inspect	tion X.	Inquiry X	and in my a	pinian		
A S D E S		death resulted from	n: Nature	ol couses	Accident	Suicide	Homicide		rmined manner],			
EXAM CERTIF CULD B DIREC WITH			1	1-1/	1 1		TIME (SPECIEY)						
MAR WAR		ACTUAL SIGNATURE	LA	1 /3	and		Denn	1	CALEVALLINED	DATE	12-	7-81	
SHC SHC		SIGNATURE	110			^	1	To	CALEXAMINER	SIGN		4	
MEDIC CUTE 1 SE 4 S SE POR FR DEA	1	EXAMINER'S NAME	11/111	IAM T	BOUR		0	teos	nosl	Lown	Me	4	
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU AFFER DEATH BALIMORE, MA	22.0	(TYPE OR PRINT)	DE MOVAL LOS	DATE	23c, NAME OF C	EAAETE DV	ADDRESS	1234 10	CATION		- 0		
F @ 2 F < 0		URIAL, CREMATION,							CATION	COL	INTY S	TATE	
BP	01.5	Burial		Dec.10,19	81 Lincol	n Mem	orial		tland, Pr	ince G	eorge's,	Md.	
DHMH - 17		NAME DIRECTOR		ADDRESS			No. of Street	ME O O	100	March		Then	
(VR A15 ME (5)) 15M 7/76	Br	insfield H	[unera]	l Home, L	eonardtown	,Mary	rland	350	1201	Tianu	4	AND IN	

A SHE WILLIAM TO BE A SHEET OF THE SHEET OF CITY SOLVE THE STATE OF THE Davidson St.

Pecelinex 15, 1001 C5:554. St. Pary's County Lagrand a view of two formations. white many was - waster The state of the s the months of the first of the board of the first of the

Private Mectatary 224-56-748 Cary C. Anderson-Re. 1 Box 277 Lafayebbe, Ta .2-11-31 Georgebour Med. School senington, D.C. Metropolism Funeral Service, Mexandria, Va.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FOR - STATE

REGISTRAR

BASIL

I. DECEASED NAME

(TYPE OR PRINT)

LAST Box 24 Piney Point, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (approximately approximate 22c DATE SIGNED PHYSICIAN STATE 12/29/81 Burial St. George Cath. Cem. Valley Lee St. Mary's Md. DEC 30 1081 M 24 FUNERAL DIRECTOR Leonardtown, Md. W. "Clarke Mattingley

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HOLDEN

REG. NO

Dec.25,1981

IF UNDER I YEAR

INDUSTRY

26 HOUR

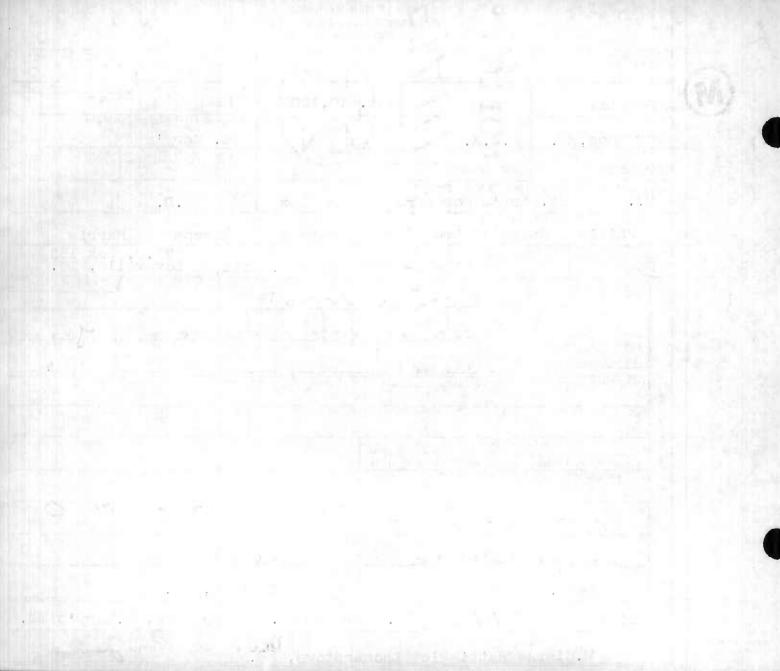
12b. KIND OF BUSINESS OR

IF UNDER 24 HRS.

2a. DATE OF DEATH

W.Clarke Mattingley Leonardtown

(VR A 15 (4))



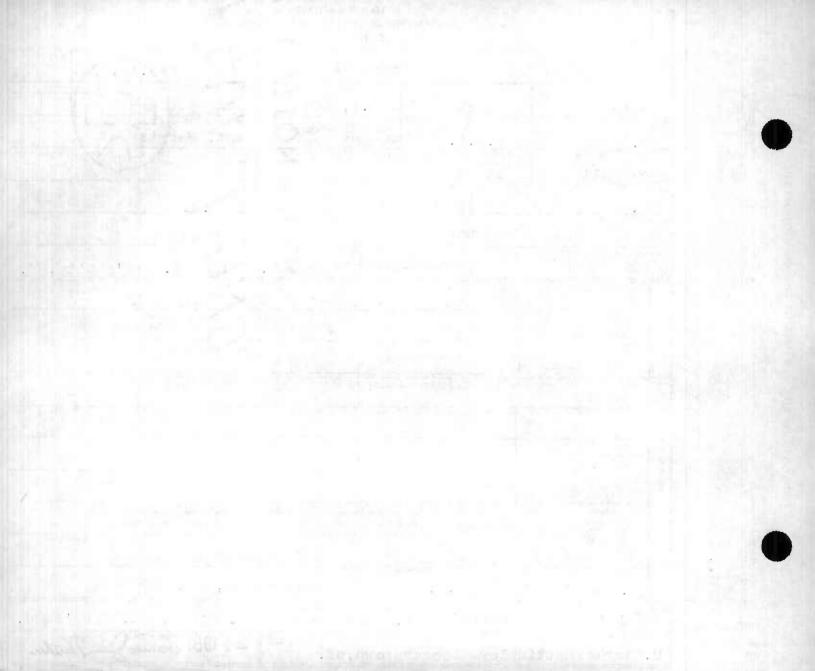
MAPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar ather traumatic event, the medical examir

	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		3 3	2 0	1
	1 054		Allenia		LAST	REG. NO			
		CEASED NAME FIRST John	MODE	Hopev		20 DATE OF DEATH A	ec.16,1		HOUR
	1. SEX		4 RACE	5. DATE O	of BIRTH 1,1900 YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS		NDER 24 HRS
1.7	the Real Property lies	Male	Black	Jan	. 1, 1000		YRS.	FATU	
5	CC	OUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	St. Mar	-	EAIM	MD.
C		rk Hall	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET AT HOME		or other institution	120 USUAL OCCUPATIO		DUSTRY	SINESS OR
5	13o. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN			13d INSIDE CITY LIMITS?	130. STREET ADDRESS			
0	14 FA	THER'S NAME FIRST	UNKNOWN LAST		15. MOTHER'S MAIDEN NAM	UNKNOV		LAST	
		VAS DECEASED EVER IN U.S. AR (15 NO OR UNKNOWN) (15 YES, GIVI	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 217-30-		A George E.	Wales St.		City	.Md.
	Z	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN	PART 1(a)	200
7	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF D	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	'IN ITEM 18, PART 1 O	R PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOW	и сс	PUNTY	STATE
			ital) attended the deceased from	8/2	nd that in (my) (our) opinion o	to 12/16 death occurred an the da	te and haur and	from the cause	(I) (we) lost is stated
		226. SIGNATURE	2/~		DEGREE ATTENDING PHYSICIAN	MODICAL STAF	F	? c. DATE SIGN	IED
		James Boyo	d, M.D.		Leonardt	cown, Md.	20650		-/// 5
	230 6	Surial, Cremation, REMOVAL	23b. DATE 23c. t 12/19/81 St	.Pet	CEMETERY OR CREMATORY OR Claver C	23d LOCATION city of Jown em. Ridge	, St. Coun	Mary's	Md.

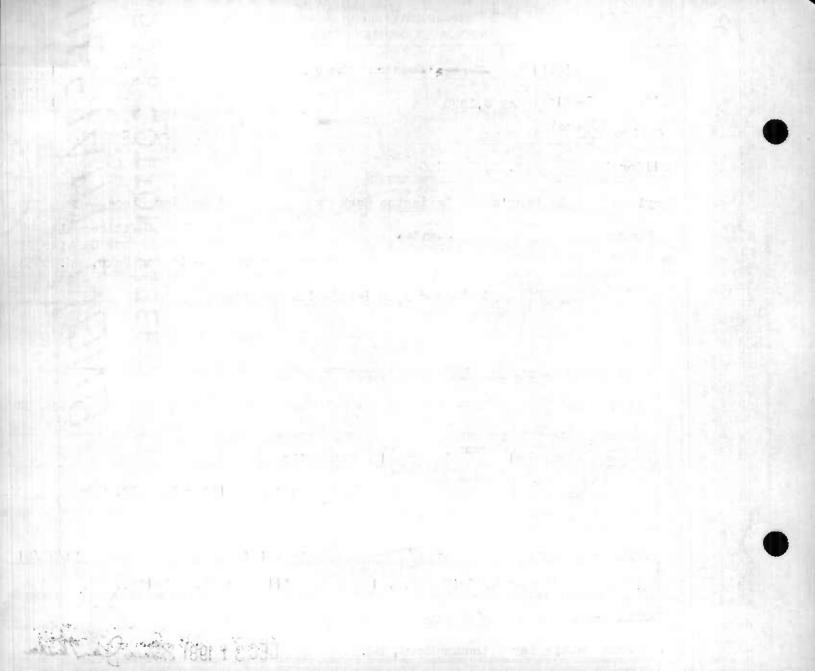
Leonardtown, Md.

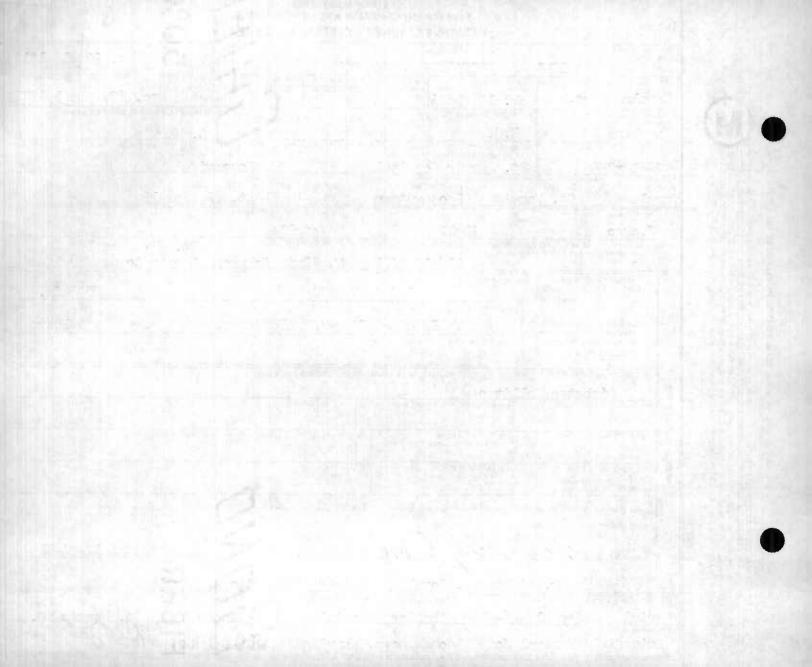
DHMH - 16 50M 1/76 (VR A 15 (4)) W.Clarke Mattingley

BP.



12	_ F	OR N.	,563 1/19	9/82 GAB	DEPART	STA		ARYLAN I AND MI		IYGIEN		3	3		0 8	}
10	ı	STATE // REGISTRAR CEASED NAME	FIRST			EXAMIN				F DEA		REG. NO.	MONTH	DAY	FEAR PIL	HOUR
1000		OR PRINT)	Nicole		rese	Mende Houst		Hou	ston	ı ı	OF DEATH N		12	25.19	10	HOUR
	3. SEX		1. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YI	EARS IF UN	DER 1 YR.	IF UNDER		t. DATE	ED.	MONTH		YEAR 2d	HOUR 2:15
		ite	Female	May 6,1	976		RS.	15 04.75	THOUAS		DEAD		12	26 19	81	a M
24 3	FOR	RTHPLACE (STA	(State)	USA	HAT COUL	NIRY?	MARR	ED NE	VER MARRI DIVORC	IED K	St. M	lary's	-		IH	MD.
S. S	Ca	y or town o	a	11. NAME OF HOS	SOX 1	STREET ADDRESS)		ER INSTITU	TION		AL OCCUPA DST OF WORKIN		OF WORK	OR INC	OF BUSIN OUSTRY	ESŚ
NND 2 SHOULD BE FILED	13e. ST		13b. COUN	or other institution, g ty Marv's	13c. CIT	E BEFORE ADMISS Y OR TOWN Xingtor		13d. INSIDE CI	ITY LIMITS?		et address 7 Gamb		lace			
S KILLAN		THER'S NAME FIRST Victor		MIDDLE	1ende			15 MOTHE	er's maide		MIDE	nt F		arrea	.1	
TI. PAGES I AND 2	NO I NO		EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		CIAL SECURI	IY NO.	17 INFORA		reve		ADDRESS ngton		Gamb r, Md		
ENE, DIN		18. CAUSE OF PART I DEA	DEATH (Enter and ATH WAS CAUSED	ly ane cause per line D BY: TE CAUSE (a)	for (a), (b	o), and (c).) nd soo	tinh	alatio	on					BETWEEN	ONSET AND	ERVAL D DEATH
ASIT PE HYGII EMOV	7	Candition	s, if any, which			NSEQUENCE						- 10				
XAMINE AL-TRAN MENTAL IN, OR RE		gave rise	to immediate stating the under-		AS A CO	NSEOUENCE	OF		C=							
EDICAL ES A BURI		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TER	MINAL DISEAS	E OR CONDITION	N GIVEN IN PA	RT 1 (g)						=
USED AN USED AN OF HEAL	CERTIFICATION	19a. DATE OF	OPERATION	19b CONDI	TION FOR	WHICH OPE	RATION W	'AS PERFOR	MED?					20 AUTO		0 🗆
STAENT STAENT		21a. EXTERNAL			MONTH	DAY YEA 25 198	R	ouse f		D (ENTERNA	NTURE OF INJUR	Y IN ITEM 18 PA	RT T OR PAR		20 11	
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG NOR PAGE 3 HOULD BE USED AS A BURAL. TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	21d INJURY O WHILE AT WORK	CCURRED	X 21e PLACE STREET, FAC		Y (AT HOME,	211 LO	CATION		5 Ca	CITY OR TOWN		St.	Mary!	S	STATE Md.
CTOR: PA			that I took chara	of the remains des		177	Autop	[27]	Inspection	n 🔲 ,	Inquiry E], and	in my ap			
AL DIRE TH, WITI E, MARY		ACTUAL SIGNATURE_	(lbo	wall	Sun	A		s) autre (s		ie f _{uedk}	CALEXAMIN	IER	DATE	12	/27/	81
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	-	EXAMINER'S N (TYPE OR PRIN	NAME Th	omas D. S	mith	, M.D.		ADDRESS_	111				0.,			
	101	DECIEVI	ON, REMOVAL 2	3b. DATE 12/28/8	-	NAME OF CE				23d. LOC CITY O			COUN	TY	STATE	
P		INERAL DIRECT		ADDRESS		edar H	<u> </u>	emete	rv 25a. DATE F		tland		TRAR'S S	GNATURE	Md.	_
DHMH - 17 R A 15 ME (5)) 15M 2/80	W.	Clarke	Matting	gley Lno		ltown,	Md.		DF	C3 '	1981	Zon	cas	A.7	kith	er_





December 23,1981 A THE MAN SE Decrie du con la gland 20650 mai .O. H. Steete, H. O.

15M 2/80

Monthson and All and A EXCHANGE FOR A STATE OF THE STA

*	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMI	HEALTH	ERTIFICAT	40	rH REG.		2	2
	DECEASED NAA	Jack	Wa	rren	K	ing	2	OF ESTI- DEATH MATED	Dec.	DAY YEAR 19 8:	2040
	ale	White	S. DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTH	DAY) MONT			C. DATE RONOUNCED DEAD	MONTH Dec.	DAY YEAR 19 19 8:	20/10
/	BIRTHPLACE (FOREIGN COUNTRY AShing		76. CITIZEN OF W	HAT COUNTRY?	8. MARR WIDOW	ED THEVER A	MARRIED 9	St. Mar	OR COUNTY		AI
L	city or town eonard	town	St. Ma		ital	er institution	FOR MC	ost of working life) et Metal		OR INDUS	USINESS TRY
130	ual residenci . State Md .	13b COUNT	ary s	T3c. CITY OR TOWN Califor		13d. INSIDE CITY LIM	AITS? 13e. STREE	P.O. Bo	x 27		
	FATHER'S NAW Hall	Arthur	Amo s	King			ttie	Frances		oore	
160	NO, OR UNKN		VAR OR DATES)	578-10-0		Mary	G. King	addre Same	as 1		TE INTERVAL
200	gave cause (cause (cause (cause for lying co	SIGNIFICANT CONDITIONS C	(c)	AS A CONSEQUENCE		OR CONDITION GIVEN	N IN PART 1 (a)				
MEDICAL CERTIFICATION	19a. DATE O	FOPERATION		TION FOR WHICH OPE						20 AUTOPSY	NO X
ICAL CE	UNDERLYIN CONTRIBUT	ING CAUSE OF D	EATH P.M	A. MONTH DAY YEA	I.R		CURRED (ENTERNA	TURE OF INJURY IN ITEM	18 PART T OR PART	2)	
MEN	21d. INJURY WHILE AT WORK	NOT WHILE AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		CITY OR TOWN	COUN	MIA	STATE
72.	ACTUAL SIGNATURE EXAMINER'S	ted from: Natura	ilcouses X,	D. Boyd,		Hamicide TITLE (SPECIF Depu	tymedic eonard	ALEXAMINER	DATE SIGNED	12/21	./81
	(SPECIFY) Burial FUNERAL DIRE	1	2/23/81			Cem.		itland	P.G.		Md.
24			inglêy	Leonardt	own,	Md.		1981	CISTRAR'S SK	SNATURE Meath	

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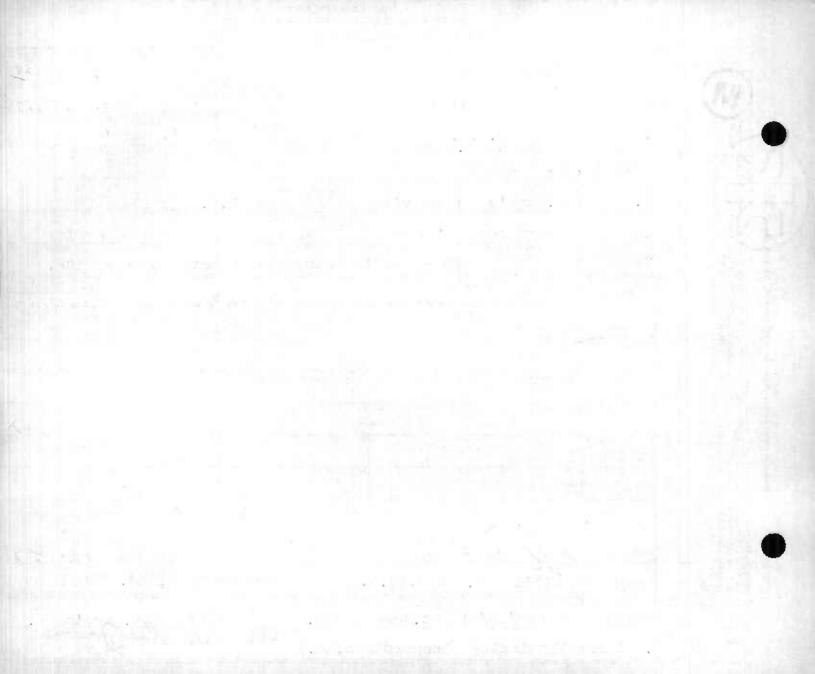
1881 x 5 330

26		FOR STATE			DEPARTMENT OF		ENTAL HYGIE	-	3	3 2	2 1	3
	-	REGISTRAR	FIRST	MEI	DICAL EXAMIN		CATE OF DE		EG. NO.			
		CEASED NAME E OR PRINT)	NANC	Y	Ruth	KING		20. DATE KNO' OF EST DEATH MAT	-	12 28		2b. HOUR
		male	white	S. DATE OF BIRTH	, 1931 50 Y		IF UNDER 24 HRS HOURS MIN.	PRONOUNCED DEAD		12 28		7:30 a M
1	FO	Wash.,	D.C.	U.S.A	•	8. MARRIED 🔀 NE	DIVORCED	St. Mar	v's C	County		MD
0		eonardt	own	St. Marv		(DOA)	DE	Puty C1	N (TYPE OF	WORK 12h	C. G.	SINESS RY DV t
1	13a. S		13b COUN		RESIDENCE BEFÖRE ADMISSI 13c. CITY OR TOWN Mechanic	13d INSIDE (NO 🗵 130. ST	t.#4 Bo	× 16	9		
	14. FA	Josep	h	MIDDLE H.	Latimer	is moth	ER'S MAIDEN NAM	Ruth		Dou	gľass	3
l	(1)	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	578-42-7		man C.		me a	s 13		
I		18 CAUSE OF PART I DEA	ATH WAS CAUSE	nly one couse per line D BY: ATE CAUSE (a)	for (o), (b), ond (c).)	otic card	iovascula	er diseas	e	81	APPROXIMATE	INTERVAL AND DEATH
ı			s, if ony, which	DUE TO, OR	AS A CONSEQUENCE							List
			e to immediate stating the <u>under</u> e lost.		AS A CONSEQUENCE	OF						
	NO	PART 2 OTNER SIG	NIFICANT CONDITIONS		BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 (a).					
1	FICATI	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFOR	RMED?			20	AUTOPSY?	-
	MEDICAL CERTIFICATION	21a. EXTERNAL UNDERLYING CONTRIBUTIN	_		MONTH DAY YEAR		OCCURRED (ENTER	R NATURE OF INJURY IN	ITEM 18 PART	1 OR PART 2)	162 181	NO []
	MEDI	21d. INJURY OF WHILE AT WORK	CCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY		STATE
		death resulted	· ·	ge of the remains des	cribed obove, held an Accident , Su	,	SPECIFY)	Inquiry ,		DATE	12-29-	0.1
1		EXAMINER'S N	T)	nn M. Dixo		ADDRESS_	istant MEI 111 Penn	St.		SIGNED_	2-29-	81
	24. FI	rial UNERAL DIRECT	OR	12-31-81 ADDRESS	Cedar H	ill Ceme	etery Su	ocation itland, eyregistran	P. G	COUNTY Ma	ryla	n'd
))	Н	untt F	uneral	Home, L	aldorf, M	laryland	ר וועח	JUCK 13	ca mala	7		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 2e. DATE KNOWN F (TYPE OR PRINT) ESTI-John Bernard DEATH MATED Dec. 159 81 Love 4 RACE & AGE (IN YEARS IF UNDER 1 YR SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White March 3,1915 DEAD 66 YRS Dec. 15,81 76. CITIZEN OF WHAT COUNTRY? Ta. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) U.S.A. St. Mary's WIDOWED DIVORCED GIVE PAGES 1, 2, AND 3 TO THE INTERPRETAIN PAGE IN PAGES 1 AND 2 SHOULD BE FILED IVISION OF WITAL RECORDS, 201 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
At home FOR MOST OF WORKING LIFE) Loveville.Md. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN St. Mary's Md. Loveville NOTEX P.O. Box 100 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE MIDDLE LAST John Bernard Love Grace Floyd 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES NO, OR UNKNOWN) 212-30-7913 Same as Mary Vivian Love 13e. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION INER: THIS CLEEN WORLD THE WOOD THE CHIEF ME E FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS THOSE AS 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 71e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM ETC 1 STREET STATE CITY OR TOWN COUNTY WHILE AT WORK X 22a. I certify that I took charge of the remains described abave, held an Autopsy Inspection and in my opinion SHOULD BE Hamicide ___ Undetermined manner death resulted from: Suicide TITLE (SPECIFY) ACTUAL 12-18-81 Deputy SIGNATURE William Leonardtown, Md. 20650 D. Boyd, EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY Burial 12/18/81 St. Joseph Cem. Md. Morganza BP 24 FUNERAL DIRECTOR W. Clarke Mattingley **DHMH-17** Leonardtown, Md. (VR A15 ME (5)) 15M 2/80



2 1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND AENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	3 3 2 1 5
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
Mar.	Georg	e Alexander	MASON	12 1	2-12-8/8 4,
3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
M)	Male	Black	Sept 30,1902	79	YRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	St Mary's	
	ITY OR TOWN OF DEATH Leonardtown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, St Mary's MXX	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE ITYPE OF WORE FOR MOST OF Farming	ON 126 KIND OF BUSINESS OR
13e	STATE 136 COU	ROTHER INSTITUTION, GME RESIDENCE BEFORE NTY 13c CITY OR TOW Leonardt	N 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Rt.1 Box 143-C
	ATHER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN NA		
exo oxo	Benjamin	Mason		aret	Gant
0 1 16a. V	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRE	
Jee /	No No	214-34-6	864 Rosalie H.Br	own Rt.1 Bo	x 143-C Maryland
8 shows any injury, ar ather tra	Conditions, if any, which gave rise to immediate cause on stating the underlying cause last PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION	DUE TO, OR ASA CONSEQUE (2) CONDITIONS CONTRIBUTING TO D 188. CONDITION FOR WHICH	moma of	Pharys ANAL DISEASE OF COND 170E AUTOPSY?	170N GIVEN INFART 1101
7 1				YES [] NO[]	IN CERTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
morked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 21f LOCATION STREET	CITY OR YOW	N COUNTY STATE
If hem 21 is	sow the deceased alive or above, (1) (2) 3 dd (2) 77h SIGNATURE	Planting	ATTENDING PHYSICIAN		
	724 PHYSICIAN'S PRINE LIVIES		22e ADDRESS	dtown Maryla	
PORTA	James	P. Jarboe M.D.	Leonar	d cowii Mar ATS	ind
MPORTANI 230 I	James BURIAL, CRIMATION, REMOVAL SPECERS	231 DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
230 (BURIAL CRIMATION, REMOVAL	231 DATE 23c N	St Alousius	23d LOCATION CITYORTOWN Leonardto	



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FOR

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH	200	REG, NO.			
	CEASED NAME	FIRST	Mag 19	WIDDLE	FE/T	LAST	20 DATE C	F DEATH MO	NIH DAY	YEAR	26 HOUR
		STE		TER	V	ASON		ec. 20			04:30A
3 SE			4 RACE		5 DATE (H DAY YEAR	6 AGE (IN	YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
1	emale	25 N	Black	1011-2	Jan.	6, 1904		77	YRS		
	IRTHPLACE (STATE OR I	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMO	ORE CITY OR	OUNTYO	DEATH	
Mo			U.S.A.		WIDOW		100	St. Man	wis C	ounty	MI
	ITY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET,	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Home maker			126 KIND OF BUSH	
	AL RESIDENCE (# NURS	136. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET P.O	ADDRESS Box 3	3		
) 14. F.	ATHER'S NAME FIRST Unknown	MA.	MIDDLE	tast.		15. MOTHER'S MAIDEN NA Susan	ME	MIDDLE		Chane	y
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	75.00	ADDRESS		11	
	No No	(IP YES, GIV	E WAR OR DATES!	213-26-11	119	Carolyn Bri	scoe	Same a	s 13e		
ATION		which nediote g the lost	DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO	RAS A CONSEQUE RAS A CONSEQUE DINTRIBUTING TO E	NCE OF	NOT RELATED TO THE TERM				3 Y	
CERTIFICA	9- 19	78	Ca	9 Bon	1	N WAS PERFORMED	200 AUT	NODE	YES [G CAUSES	NGS USED OF DEATH?
	21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	CI P	PENJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY IN	ITEM 18 PART	I OR PART 2)	
MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	9	COUNTY	STATE
	220 I certify that (I)		100 111	e decemed from	191	nd that in (my) (our) opinion	, to	ed on the dote	ond hour or		that (1) (we) los

Rehm M.D. 22e ADDRESS

DEGREE

Lexington Park, Md.

Bethesda Methodist Cen. Valley Lee

MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL Burial 12/23/81 24 FUNERAL DIRECTOR

ATTENDING PHYSICIAN

St.mary's Md. DEC 28 1981

DHMH - 16 50M 1/81 (VRA 15, 4)

morked or Item 18

MPORTANT: If Irem 21 is

W. Clarke Mattingley Leonardtown, Md.

236. DATE

THE LEWIS TO PERSON AND THE PERSON A the court of the courty Loine d'act. de montre de la company and the state of t The area correlate A. Charles and Street, Landers and Assessment CEL S. M. Contraction of the Contract of the Con

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

medicol exo

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

	REGISTRAR		CERTII	ICAIL OI DEATH	REG. NO.		
	DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	H DAY YEAR	26 HOUR
	AGNES	ALBERT	A PEACO	CK	December 19,	1981	01:25A
3.	SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
	Female	White	Sei	pt.10,1906	75	YRS MONTHS DATS	HOURS MIN.
-1a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
7	Abell, Md.	U.S.A	• WIDOWE	DIVORCED	St.Mary's		MD.
	Leonardtown		TITAL, NURSING HOME OF	DR OTHER INSTITUTION	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		OF BUSINESS OR
13	SUAL RESIDENCE (IF NURSING HOME OF IST ATE ST. N.	NTY 13c	RESIDENCE BEFORE ADMISSION) CITY OR TOWN DELL	13d. INSIDE CITY LIMITS? YES NO 💆	Star Route	Box 3	
14	FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM		1.65	S.T.
4	Robert	Allan	Mattingl	Agnes	Estelle	Bai	ley
16	(YES, NO OR UNKNOWN) I JE YES, GI	MED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
L	No		77-60-2396	Elizabeth M	M. Russell	Same 13	
Г	18 CAUSE OF DEATH (Enter of	nly one couse per line f	or (all able and ics)		7	BETWEEN:	DANTE PHTERYAL CONSULT AND DEATH
		TE CAUSE (o)	/enus	long a	ren		_
	1001	DUE TO, OR AS	A COMESCO ENCEDE	0		1	7
	Conditions, if any, which	((b)	Older	gocare	enoma	le	con Ihi.
	gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF	0			
	underlying cause last.	((c)					
1,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	0
- 19		The contract			Ter	IE WES ALVES SWITE	
CEPTIEICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	INC	IF YES, WERE FINDINGERTIFYING CAUSES	OF DEATH?
- 5	71g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJ	LIDV	121. HOW IN HURY OCCUPA	YES NO	YES 🗌	NO 🗌
		110110 1 11	MONTH DAY YEAR	THE HOW INJOK! OCCORN	RED (ENTER NATURE OF INJURY IN ITE	.M 18 PART (OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF IN	19	21f. LOCATION		1111	
1 24			CTORY OFFICE FARM ETC	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK	1 1 1 1 1 1		1-21) 10 81	to 12/18	. 8/	
1	27a. I certify that (I) (this hasp sow the deceased alive or	. 1 1 1 6	01	, 17	death occurred on the date on		that (1) (we) last
L	obove, (I) (we) (did) (did no	ot) view the body ofter	death.	DEGREE	The determine de	22c. DATE	
	1/2/2	1000 1		ATTENDING A	MEDICAL STAFF	771. DATE	1.010
+	274. PHYSICIAN'S NAME LITTE	SI FRINCI	- 1	PHYSICIAN P	DIRECTOR PHYSICIAN	119	17/4
	William D. Bo			Leonardtown,	Maryland 206	50	
	a BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	12/21/8	1 Sacred	Heart Cem.	Bushwood,	St. Mary	
24	FUNERAL DIRECTOR	-tinglas	Leonardt	5 M 22.20	REC'D. BY REGISTRAR 256 RI	l V	Mathew
L	W. Clarke Mat	tingley	Leonardo	OWII, Ma.	EC 22 1981 6	uness y	4 100

Allien D. Boyd II, M.D.

Jacomber 19, 1981 ge 01:254

Capthonne III (1984) 38

Leoner door, heryland 10690

5407	ĺ	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 REG. NO	3 3 4	
+		CEASED NAME FIRST	MIDDLE	LAST			2b. HOUR
O. E	1	DRUCY	6	Pegg	D	ec.19,1981	
(14)	3 58	x Female	* RACE White	S. DATE OF BIRTHJ VEAR	6. AGE (IN YEARS LAST BIRTH	OAY) IF UNDER 1 YEAR MONTHS OAYS YRS.	IF UNDER 24 H
1		IRTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	1 BALTIMORE CITY OF		
1000		Md.	USA	WIDOWED DIVORCED	ST. W	naky's	
by the falled with		-EON a RATOLUM	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ST. M. A. R. J. S.	APDRESS)	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	BUSINESS
filled in sould be f	JUSU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	0X 8 M	
2 sh	14. F	ATHER'S NAME	1	15 MOTHER'S MAIDEN NA	ME	OK O III	
complete ond 2		Charles	M. Gatton	Alice	Victo	ria Beli	
0		WAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	ADDRES		
Pages		NO (IF TES, GIVE	220164	4500 Charles	W Poga -1	GREAT Mill	S. h
persol.		18 CAUSE OF DEATH (Enter an	ly ane cause per line fax (a), (b), an	dicti	43	AZZEONIW	NATE INTERVAL
phy		PART I DEATH WAS CAUSED	E CAUSE (a) Restru	stom Arrest	•	30	me ,
orbo or re		4292	DUE TO, OR AS A CONSEOU	NCE OF	all II II	0	
e ottend nove co lation, o fraumal		Canditians, if any, which	(16) Semen		the Vasoula	Desin	
by the ose remoil, cremo	П	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF WITH mull	the Shites	. 10	ne.
signed hen ple ta buria	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 1(a	1
permit Tene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
9 5 6 4	1 1 1	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR			NO []
riol-tron entol Hy hem 18 s		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	,		
buriol-i Mentol	MEDICAL	214. INJURY OCCURRED	P.M. 21s. PLACE OF INJURY	211 LOCATION			
t a b	ž.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	A COUNTA	STATE
se os t se os t eolth o mork			attended the deceased from_	Jan - 1977		2. 1919 81 , 11	hot (I) (we)
TOR for u		sow the deceased plive on.	Dec. 19 198	ond that in (my) (our) opinion	death accurred on the dat		
IRECTOR hed for a ept of H		abave, (1) (we) (did) (did set	wiew the body after death.	DEGREE		22c. DATE S	IGNED
000 =		WATA	and start	ATTENDING PHYSICIAN	MEDICAL STAFF	AND 12.1	9-81
should be deta		274 PHYSICIAN'S NAME HYPE OF	TRICK MD	220 ADDRESS 323	MIDWAY DA	ek md z	065
should b	23o	BURIAL, CREMATION, REMOVAL	23b. DATE 23c f	NAME OF CEMETERY OR CREMATORY	1234 LOCATION		
		Burial		enezer Cemetery	Great Mi	.11s St.Mar	V 1 S
MH-16 20M		UNERALDIRECTOR		250. DAT		Sb. REGISTRAR'S SIGNATU	
I-16 20M 5, 4) 7/7B		W. Clarke Ma	attinglev ** Leo	nardtown, Md.		- Di	320

CTATE OF MARKING

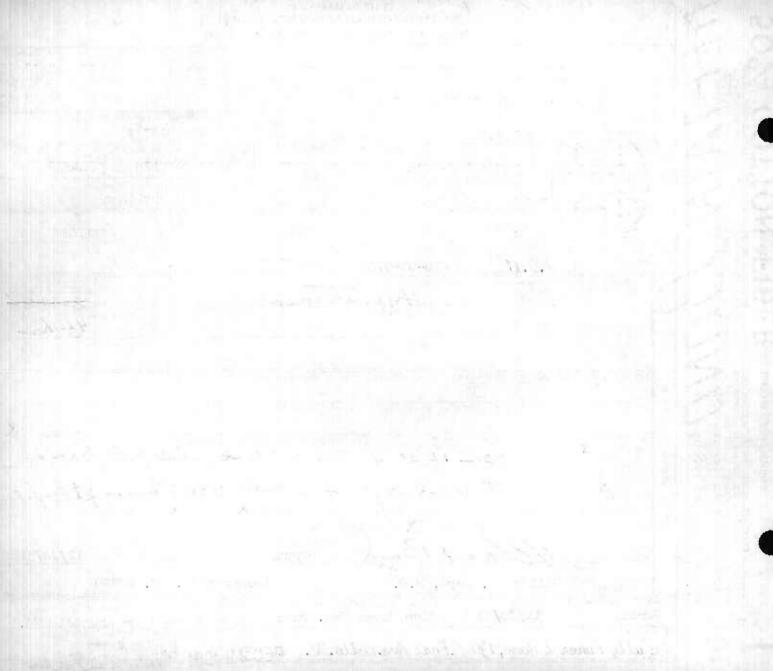


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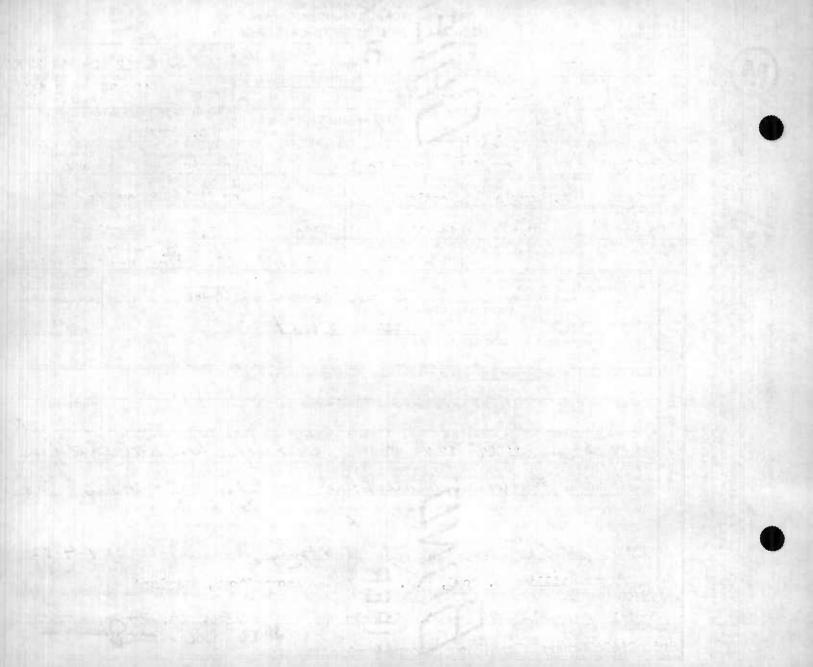
STATE OF MARYLAND

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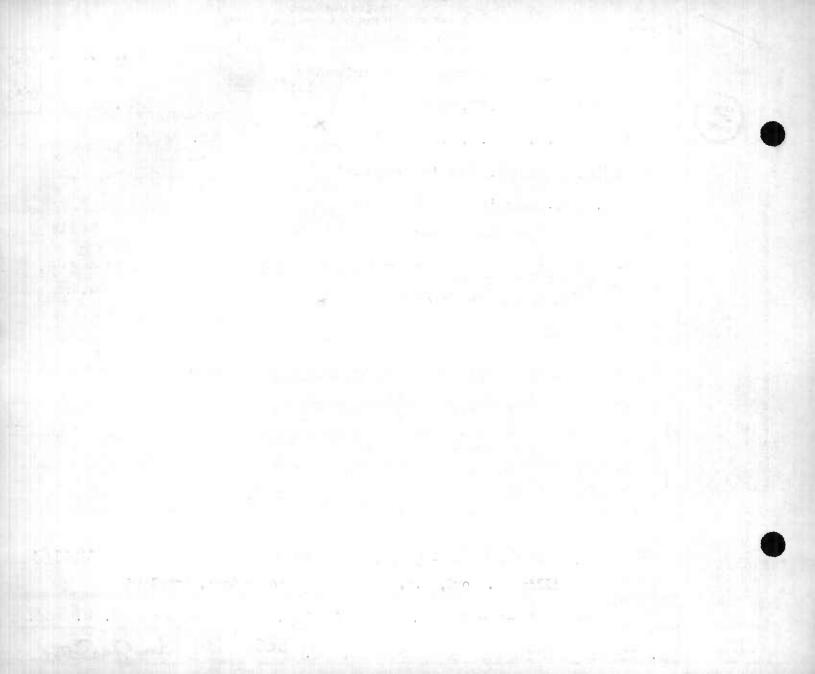
8	-	FOR			DEPART	STA1 MENT OF H	E OF MA			VCIERIE	1	7	4 3	17	9	0
1/0		STATE REGISTRAR		ME		EXAMIN				44.	-	REG. N	10	Si se	(Gen)	*
ı	1. DE	CEASED NAME	FIRST		WIDDLE		L/	AST			. DATE	KNOWN	M MONTH	DAY	YEAR	Zb. HOUR
ı	(TYP	E OR PRINT)	JAME	S	FRAN	CTS	RI	EESE			OF DEATH	ESTI-	DEC		1981	11:42
ì	3. SE)	(1. RACE	5. DATE OF BIRTH		6. AGE (IN YEA	RS IF UND	ER 1 YR.	IF UNDER 2		DATE		MONTH	DAY	YEAR	2d HOUR
		MALE	CAUC		1920	61 YR		DAYS	HOURS	MIN: PE	RONOUN DEAD	VCED	DEC	23	1981	11:42
1		RTHPLACE (STA	ATE OR	76. CITIZEN OF V	HAT COUN		1	D THE	VER MARRIE	9.	BALTIM	ORE CITY	OR COUN			//0
5		MARYLANI	D	U.S.A.			WIDOWE		DIVORCE		ST.	MARY	TS			CAA
1	1D. C1	TY OR TOWN C	OF DEATH	II NAME OF HO	SPITAL, NUI	RSING HOME,	OR OTHER	RINSTITU	TION	12a. USUA	LOCCU	PATION (T	YPE OF WORK	12b KI	ND OF BU	JSINESS
		PATUXEN!		NAVAL F	OSPIT	AL, PAT		r RIV	ER, M	D BO	AT C	APTAI	IN	MA.	RITI	ME
-	13a. S	L RESIDENCE (EIN HUMBING HUMB O	OR OTHER INSTITUTION, O		OR TOWN		3d. INSIDE CI	ESTIMIT VTI	13e. STREE	T ADDRE	99				
>		ARYLAND	ANN			N BURN		YES 🗌	NO 🗆	90	6 AN	DREWS	ROAD)		
1	14. FA	THER'S NAME		MIDDLE		LAST	1	IS. MOTHE	ER'S MAIDEN	NAME	M	NDOLE			LAST	
1)	JAMES		MICHAEL	R	EESE		RU	TH		,,,,			NOR:		
7	16a. V (Y	VAS DECEASED		WAR OR DATES)		TAL SECURITY		7. INFORA				ADDRES	S			
<		YES		V.11		-03-078	7	JAM	ES F.	REES	E, J	R.				
	1	18 CAUSE OF	DEATH (Enter on	ly ane cause per lin	e for (a), (b)	, and (c).)				To it				BETV	PPROXIMATI	E INTERVAL T ANO DEATH
	7	901		TE CAUSE (o)		Hyp	och	erm	Leps .					39	12	44
Н		Conditions	s, if any, which	DUE 10, O	R AS A CON	ISEQUENCE O	F							4	11	/
	-	gove rise	ta immediate		2.45.4.60.1	SEQUENCE O								1	ラハ	12
	1	lying cous		DUE 10, OI	R AS A CON	SEQUENCEO										
		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMIN	IAI DISEASE O	P CONDITION	N GIVEN IN PART	Llies						
	NO								IN I AKI	* .0						
1	CERTIFICATION	19a. DATE OF C	OPERATION	196. COND	TION FOR	WHICH OPERA	TION WAS	S PERFOR	MED?					2D. A	AUTOPSY:	?
X	TIFK	100												Y	YES 🗆	NO 🔣
2	CER	210. EXTERNAL	CAUSE WAS	216 TIME C	F INJURY	DAY YEAR	21c. HOV	W INJURY	OCCURRED	(ENTER NAT	TURE OF INJ	URY IN ITEM 1	8 PART 1 OR PA			74
)	CAL		OR G CAUSE OF D		- 12	23 19 5/	7	ug 6	sol so	ank	· 64	buils 1	pulling	100	veg	9 -
×3	MEDICAL	21d. INJURY OF		21e PLACE STREET, FAC	OF INJURY	(AT HOME,	21f. LOCA	ATION EET	~ 7		CITY OR TO	WN A		UNITY	0	STATE
1	~	AT WORK	AT WORK	Oher	apen	& Bay	4	4-6	, mul	es S	355	The	Elmend	DI	1 Le	et
/		22a certify	that I took charg	e of the remains de	scribed obo	ve, held on	Autopsy		Inspection	X.	Inquiry	Z	and in my op	oinion	0	
7		death resulted	d from: Natur	al couses .	Accident	X, Suic		Hamic		Undetern			,			
0		ACTUAL		11/	1 1	2	(/	TITLE (SI								
-		ACTUAL SIGNATURE_	11	Mar	11	Dryll	M.D	Der	puty	MEDIC	AL EXAM	INER	DATE	D_1	2/24	/81
7		EXAMINER'S N	IAME TATE T	liam D T	F	M D			T				2000	0		
X		(TYPE OR PRIN	T)	liam D. E				DDRESS_				, Md.	2065	U		
	23a.BI	JRIAL, CREMATI PECIFY Urial	ON, REMOVAL 2	3b. DATE 2/28/81		IAME OF CEM				23d. LOCA	ATION		COUR		\$1	TATE
		INERAL DIRECT		2/20/01	GI	en Hav	en Me		ark 750. Date re	Glen	Burr	lie A	nne A	cunc	lel	Md.
	M.			Home, 130	SE En-	+ 1	2-11-					K ZOB. REG	JISTKAR'S S	IGNAT	JKE	
	THE	Lung 1	wienux 1	ioine, 130	(.FOR	L rive. L	xaxw.	· I'IL.	UF C	29	1981	121	0	-	n	,
												F 146.6.	- C	and/	MULL	AU



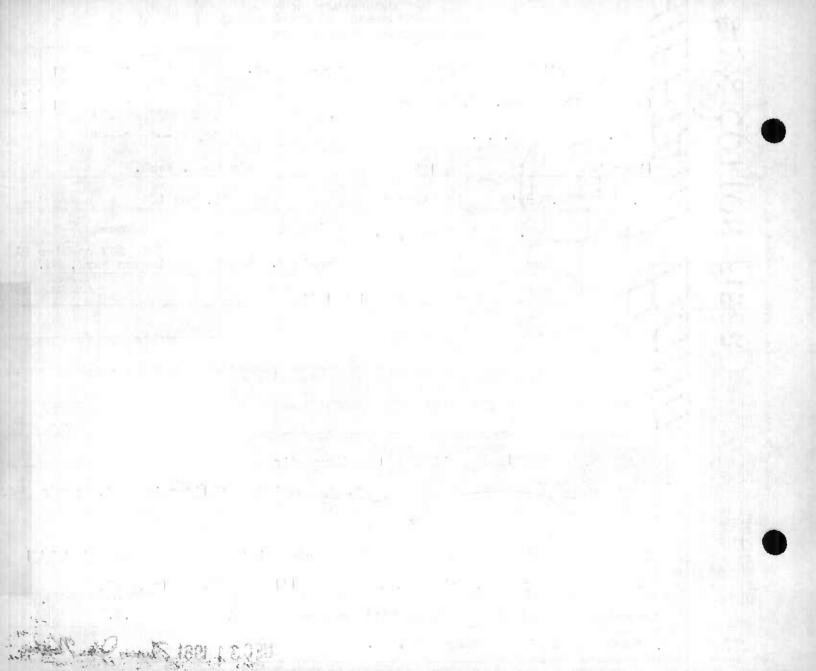
	1-	FOR STATE				AAE			ENT OF		ANDN	RENTAL I		9		3	3	2 2	1
		REGISTRAR CEASED NAMI	F	FIRST	-	IVIE		DDLE	AAMII	IEK 3 C	LAST	CATE	JF DEA		KNOW	. NO.	NIH	DAY YEAR	2b HOUR
000		E OR PRINT)		ARL		1'ਜ	WAI	RD		PTI	GELL		1000	OF	ESTI-	3.5		29.81	2200:
OUR REET	3 SEX		4 RAC		5. DATI	E OF BIRTH	1	6	AGE (IN Y	ARS IF UN		IF UNDE	R 24 HRS	2c. DAT	E	10M	JTH .	DAY YEAR	W
N ST H	Ma	ale	Ca	uc.	Apr	- 1		939	42 Y	RS. MONT	S DAYS	HOURS	MIN	PRONOU DE A	INCED	-12	30	81	1530
PRESTON	₹6. BI	RTHPLACE (S	TATE OR			IZEN OF W	VHAT	COUNTI	RY?	10	ED X N	EVER MARI	DIED []	9. BALTI	MORE CI	TY OR CO	UNTY	OF DEATH	
256	ľ.	REIGH COUNTRY) Marylan	d			U.S.A	1.			WIDOW		DIVOR		St	. Mai	ry's			MD.
	10. CI	TY OR TOWN	OF DE	ATH		ME OF HO				E, OR OTH	ER INSTITI	UTION	FOR /	MOST OF WO	ORKING LIFE		ORK 121	OR INDUST	JSINESS RY
00		Scotlan		= 3//	C	ornfi	eld	d Ha	rbor				Me	chan	ic			Auto	
こった	13a S	RESIDENCE TATE TYLAND		IST. N	TY		13	c. CITY C	FORE ADMISS OR TOWN land	ION)	13d. INSIDE	CITY LIMITS?	13e STR	eet addr	eld H	Harbo	r Ro	oad	
20	$\overline{}$	THER'S NAME										HER'S MAIC						-	-
16	I	ominck			T.		Ri	idge			Al:	ice		L.	MIDDLE		eat		
	160. V	VAS DECEASE	DEVER	IN U.S. ARA			16	b. SOCI	AL SECURI	TY NO.	17. INFOR				PADDI	Box	1.0	7	
		No		(10,011			12	550-	34-31	79	Car	1 A. 1	Ridge	11,	Ride	e, M	ary	land 2	0880
	101	18 CAUSE O	F DEA	TH (Enter onl	ly one co	ouse per lir	ne for ((a), (b), (and (c).)		_		0.					APPROXIMAT BETWEEN ONS	T AND DEATH
		05		MMEDIAT	E CAUS			177	Br	ain	1 nde	ema	24	cres	u_			ins	as sol
VAL		Condition	ns. if	ony, which	(DUE TO, O	R AS A	A CONS	EQUENCE	OF 7	01	4						.,,	
OR REMOVAL		gave ri	se to	immediate g the under-	3.	(b)	DAS	A CONS	FOLIENCE	cen	91	101							
		lying cou			1	(c)	IK MJ /	A CONS	EQUENCE	OF									
-	z	PART 2 DTHER 51	GNIFICA	NT CONDITIONS	CONTRIBUT		N BUT N	OT RELATE	D TO THE TER	MINAL DISEAS	OR CONDITI	DN GIVEN IN P	ART 1 (a).						
-	ATIO	19a. DATE OF	OPER.	ATION		196. CONE	OITION	I FOR W	HICH OPE	RATION W	AS PERFO	RMED?						20 AUTOPSY	?
2	IFIC	La Principal			-												3.5	YES 🗆	NO DO
	CERTIFICATION	210. EXTERNA	AL CAU	SEWAS		216 TIME (OF INJ	JURY ONTH	DAY YEA	D	OW INJUR	Y OCCURR	ED LENTER	NATURE OF I	NJURY IN ITE	M 18 PART T	1		
-	CAL	UNDERLYING CONTRIBUTI							9',81		5	hote	relfa	in h	end	arti	5	hota	un.
	MEDICAL	21d. INJURY C		RED WHILE	1	21e PLACE STREET, FA			(AT HOME,		CATION			CITY OR T	OWN		COUNT	TY.	STATE
	-	AT WORK		VORK	7	Wood	de	area	nea	nho	ne		Bil	9-0	5	+ 1	lars	je_	Tul.
		220. I certi	fy that	I took charg	e of the	remoins d	escribe	ed obov		Autop	,	Inspecti	on D.	Inquir	y X	ond in r	ny opini	ion	
		deoth result	ed fron	n: Notur	al couse	es .	Acc	cident [, s	vicide X	, Ham	nicide .	Undet	ermined n	nonner [
		ACTUAL		10	9	70		0	-		TITLE	(SPECIFY)				0	ATE	, ,,	e/ n
-		SIGNATURE,	-	MVa	10	123	70	X	7)	N	D. 00	July	MED	ICAL EXA	MINER	S	GNED.	1-4-	8 2
	-	EXAMINER'S (TYPE OR PRI	NAME NT)	Wil	liam	D. I	Зоу	d, M	.D.	手具	ADDRESS.	Leon	ardto	own,	Mary	land			
	23o. B	URIAL, CREMA						The State of		METERY C	R CREMA			CATION			EGUNT		THE
		Burial			1-2	-82		St	. Mic	haels			11000	dge,	St.	Mar	yle.	Mary	
		NAME				ADDRE	SS					25o. U	AN 8	198	AR ISA	Tiene	10	an Chil	Sec.
	Br	insfie	ld l	Funera	1 H	ome,L	eor	nard	town,	Mary1	and			10000			-un		



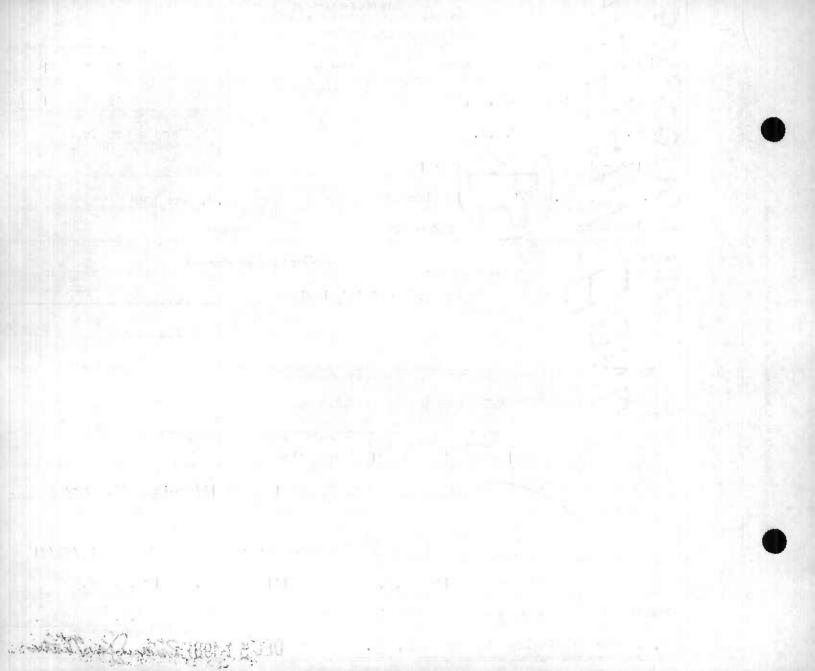
1	FOR STATE	T.	EPARTMENT OF H		NTAL HYGIE		3 3	2 %	2
	REGISTRAR ECEASED NAME FIRST	WEL	MIDDLE MIDDLE	K'S CEKTIFIC	ATE OF DE	2a DATE KNOW OF ESTI-	G. NO.	DAY YEAR	75 HOUR
(1	YPE OR PRINT) John	ጥ ተ	nomas S	crivener		OF ESTI-	12	22 YEAR 81	0650
3. SI		5. DATE OF BIRTH		IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	24 HOUR 0650
	ale White	Apr.20,			Mar.	DEAD	Dec. 2		. 0000
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH			ER MARRIED	9. BALTIMORE C	_	TY OF DEATH	
	ashington D.C	U.S.	A . PITAL, NURSING HOME.	WIDOWED .	DIVORCED 1	St. Ma	ry's	12b. KIND OF B	MD
		(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADDRESS)			MOST OF WORKING LIFE		OR INDUS	IRY
USU	eonardtown JAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	TY'S HOSD	ital					
13a.	Md. St.	Mary's	Valley L	13d INSIDE CIT	Y LIMITS? 13e STE	REET ADDRESS			
14.	FATHER'S NAME			15 MOTHER	R'S MAIDEN NAM	E			
	James	Edward	Scrivene	7/7 5/18	ry	MIDDLE		Be'T'le	
160.	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURITY	VO. 17 INFORM.	ANT	ADD	RESS BOX	191	
	No		577-09-61	128 Joe	Scriver			ey Lee	e, Md
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	D DV	The second secon					APPROXIMA BETWEEN ONS	
		TE CAUSE (a)	OF LUNG	-				1 YE	
	Canditians, if any, which gave rise to immediate	(b)	AS A CONSEQUENCE OF						
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	as a consequence of						
z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART 1 (a)				
ATIO	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORM	AED?			20 AUTOPSY	13
IFIC								YES 🗆	NO XX
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF HOUR A.M. DEATH P.M.	INJURY MONTH DAY YEAR	21c. HOW INJURY (OCCURRED (ENTER	NATURE OF INJURY IN IT	EM 18 PART I OR PA		
MEDIC	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK	21e PLACE C STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)	711. LOCATION STREET		CITY OR TOWN	co	UNTY	STATE
	22a I certify that I taak char	ge of the remains described and causes XX	ribed abave, held an Accident , Suici	de , Hamicia	ECIFY)	Inquiry XX. termined manner	and in my ap		/81
0		liam D. Bo	yd, M.D.	ADDRESS		own, Mar			
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 12-28-81		tery or cremator	m . 23d Lo	ocation alley Le	e St.	M. I	Vď.
24.	FUNERAL DIRECTOR	ADDRESS		2:		Y REGISTRAR 25h			
V	V. Clarke Mat	tingley	Leonardto	wn, Md.		47	11	- 246	7



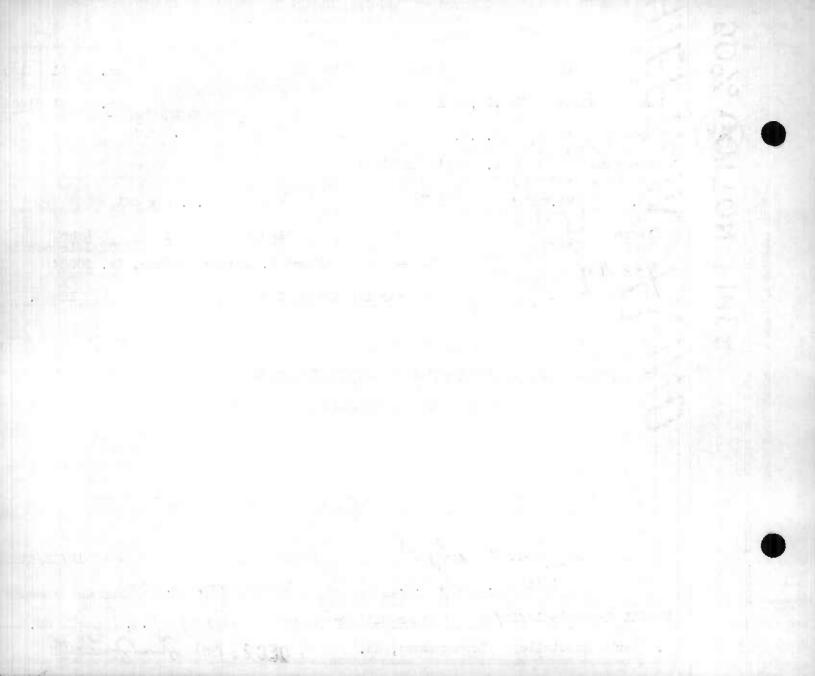
17	1-	FOR STATE			DEPARTMENT OF	HEALT		-		3 3	2 :	2 3
) DE	REGISTRAR CEASED NAME	FIRST	MEI	DICAL EXAMI	NEK.2	CERTIFICA		K!	EG. NO.		
10.7		E OR PRINT)		г			LAS!		20. DATE KNO	-	DAY YE	AR 75. HOUR
	3. SE2	(14. RA	Arlie	DATE OF BIRTH	Berry		Shreve	Jr.	DEATH MAT	ED 12	2.5 19.8	
[[]		TOTAL DEL		Dec. 14	YEAR LAST BIRTH	DAY) MON			PRONOUNCED DEAD			12:15
1	7a. B	RTHPLACE (STATE OR	ite	b. CITIZEN OF WI		YRS.			9 BALTIMORE	12	26 198	
00		est Va.	-	U.S.A.			RIED X NEVER	MARRIED				
		TY OR TOWN OF DE	ATH	II. NAME OF HOS	PITAL, NURSING HOA	AE, OR OT		1 120 USU	St. Mar	N TTYPE OF WORK	126 KIND O	F BUSINESS
00		alifornia		Rt. 2	CILITY, GIVE STREET ADDRESS BOX 105			Air	Cond. M	lech.	OR IND	JSTRY
35	13a. S	TATE Md.	136 COUNTY St. Mar		VE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Californi		13d. INSIDE CITY LIA		et address Rt. Box	105		
	14. F	ATHER'S NAME					15 MOTHER'S	MAIDEN NAME				
80		Arlie		MIDDLE B.	Shreve, Sr		Haze:	1	MIDDLE	Unkno	WM LAST	
35	16a. V	VAS DECEASED EVEL	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECUR		17. INFORMAN	T	AD	DRESS 30	7 camb	ier Pl
1	Ye		Navy				Curtis	W. Shrev	ve Lex	ington	Park,	Md.
		18 CAUSE OF DEA	TH (Enter only	one couse per line	for (o), (b), and (c).)						APPROXI	MATE INTERVAL
/AL	-	PART I DEATH V	IMMEDIATE	CAUSE (o) SMC	oke and so		halation					
W W	/	Conditions, if	anni inkisk	DUE TO, OR	AS A CONSEQUENCE	OF						
HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	-	gave rise ta	immediate	(b)								
0	73	cause (a) statin lying couse last	g the <u>under-</u>	DUE TO, OR	AS A CONSEQUENCE	OF					0.016	
OI	-	DART 2 OTHER SIGNISICAL	NT CONDITIONS CO.	(c)	BUT NOT RELATED TO THE TER							
REM	NO O	TART 2 OTHER SIGNIFICA	AT COMBITIONS CO	MINIBULING TO UEATH	BUT MOT KETATED TO THE TER	RMINAL DISEA	SE OR CONDITION GIVE	N IN PART 1 (o).				
1,1	CERTIFICATION	190. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH OPE	RATION V	VAS PERFORMED	?			20 AUTO	PSY?
\$	TIFF										YES X	NO D
5 3	CER	210. EXTERNAL CAL		21h TIME OF HOUR	MONTH DAY YEA	AR 21c. H	OW INJURY OCC	CURRED LENTER N	ATURE OF INJURY IN	ITEM 18 PART 1 OR P		
5	MEDICAL	UNDERLYING DECONTRIBUTING		ATH 10:40M	12 25 198		House fi	re				
	WED	21d INJURY OCCUP	RED WHILE VE	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET		CITY OR TOWN	C	YTAUC	STATE
17	1	WHILE NOT AT W	VORK	hom		Rt.	2, Box	102	Califor		t. Mary	
BALTIMORE, MARWAND, 21201 PRIOR TO BURIAL,		220. I certify that	I tout charge	af the remains des	cribed above, held an	Autor	osy X, Insp	pection .	Inquiry .	and in my o	pinion	101141
38		death resulted from	n Nateral	couges .	Accident . S	vicide a	1	Undete	rmined manner			
5		PASSION .	VI	/_	10 4	_//	TITLE (SPECI	FY)				
٤,		ACTUAL SIGNATURE	10	iones	ex) log	X.	Deputy	ChiefEDI	CAL EXAMINER	DATE	ED 12/2	27/81
\$ 7		EXAMINER'S NAME			~	1						
	(SPA)	(TYPE OR PRINT)	111		Smith, M.D			II Penn		1to., M	D.	
ã	(5	JRIAL, CREMATION,			23c. NAME OF CI			23d. LOC	CATION Trown tland	P.G	YTML	Ma.
		Cremation UNERAL DIRECTOR	μ2	2/28/81	Cedar H	TIT C	rematory					Ma.
5))			atting	ley Lebi	nardtown, N	Id.	730. [DATE REC'D. BY		REGISTRAR'S	GNATURE	V-d.
1					•			DEC 3	1 1981	GRANCES	yan	RALLAN



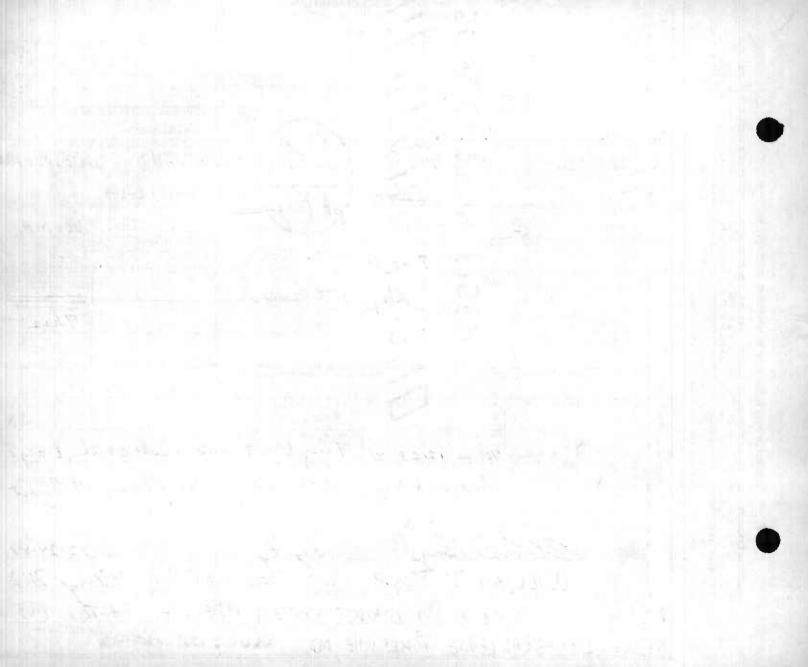
10	1.	FOR STATE				MENT OF	HEALTI		ENTALH				3	3	3	2	44		
10		REGISTRAR	TRAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.																
	1. DE	CEASED NAME CEORPHINIDE TH	Be++	V	Ann	Bar	S	hreve			- 01	KNOWN ESTI- MATED	(X) ^	12	25 ₊	YEAR 81	2b HOUR		
1	3. SE	emale 4	RACE White	Sept. 12	Y YEAR	6. AGE (IN YELL LAST BIRTHE	EARS IF UI	NDER 1 YR.	IF UNDER		2c. DATE PRONOUN DEAD	CED	M	12	26,s	YEAR	2d HOUR 12:15		
2	70 B	IRTHPLACE (STATE		76. CITIZEN OF	WHAT COUN	NTRY?	8. MARR	RIED & NE	VER MARRI	ED 🔲	9 BALTIM	ORE CIT	-	OUNTY	NTY OF DEATH				
00	10 C	TY OR TOWN OF	ia	11. NAME OF H	OSPITAL, NU FACILITY, GIVE S	105	E, OR OTH			12a. USU	JAL OCCUI	PATION (126 KIND	OF BUS NDUSTR			
アン	USU/ 130. S [V	AL RESIDENCE (IF TATE [d.	13b. COUN St. Ma	OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL							SS 105								
-	14 F/	ATHER'S NAME ATexano	ler	MIDDLE		gomery	15. MOTHE	ER'S MAIDE		M	IDDLE	.00	W-5	LAST					
1	160. V	VAS DECEASED I ES, NO, OR UNKNOW! Yes	EVER IN U.S. AR/ N) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOC	CIAL SECURI	Y NO.	Marga	mant aret A			ADDRE	SS						
Stall Fried to Bushal, cremation, or removal.	7	Conditions, gave rise cause (a) st lying cause	if any, which to immediate ating the under-	DUE TO, (b)	moke a DR AS A CON	nd soc	OF OF			RT 1 (c)					BETWEE	N ONSET	AND DEATH		
Ī	LIFICATION	19a. DATE OF O	PERATION	19b CON	DITION FOR	WHICH OPER	RATION W	VAS PERFOR	MED?						20 AUT	OPSY?	но П		
3	MEDICAL CERTIFICATION	21a. EXTERNAL OUNDERLYING CONTRIBUTING 21d. INJURY OCUMHILE AT WORK	OR CAUSE OF E	DEATH 10:40	E OF INJURY ACTORY, FARM, E	2519 8	21f. LO	OW INJURY OUSE 1 DOCATION STREET 2. BO		_	CITY OR TOV	VΝ	_	COUN	2)		STATE Md.		
8		220. I certify that I took charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my opini death resulted from Natural Colors . Academy A. Suicide , Homicide , Undetermined manner , TITLE (SPECIFY)																	
AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23o. B	EXAMINER'S NA (TYPE OR PRINT URIAL, CREMATIC)	homas D.		M.D.		ADDRESS_		Penn [23d. LO	CATION		to.	, N					
	Cr	emation JNERAL DIRECTO	1	2/28/81		dar Hi		emeter		Sui	tland		P.		GNATURI	Mo			
17 E (5))		. Clarke		gley Le	onardt	own, M	d.		DE	C 3 1	1981		nce	D	an T	Kuth	an .		



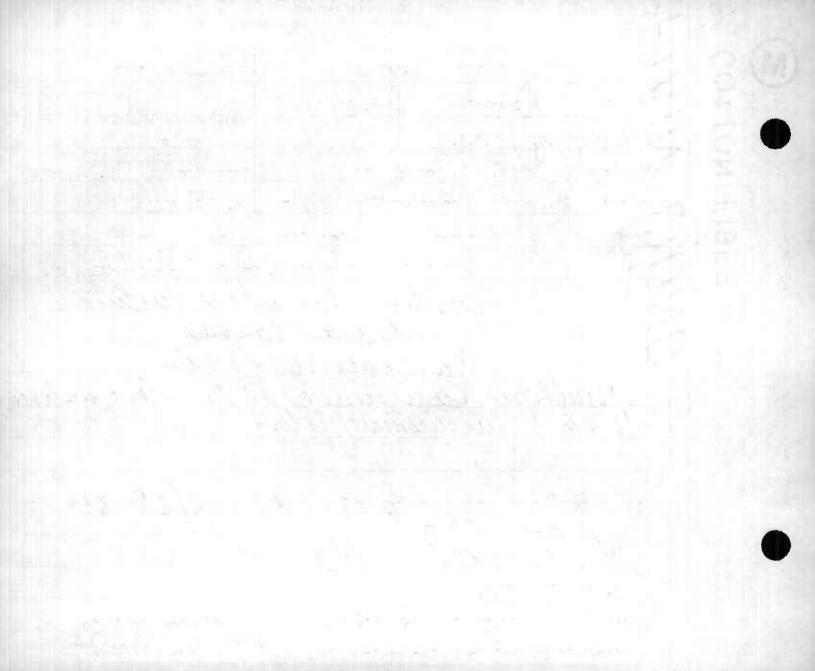
	FOR			DEPART	STA MENT OF		ARYLANI AND ME		GIEN	1	3 3	2 2	5		
	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.												
	ECEASED NAM			MIDDLE			LAST		2a. DA	TE KNOWN	MONTH	DAY YEAR	26. HOUR		
	1.170.0	Clift		Kelt			ith 11			ATH MATED	□ Dec	.24 1981	0140		
	EX -	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD				HOURS	MIN PRON	OUNCED			2d. HOUR		
	ale	White	Feb.11,]			RS.				EAD		.24 1981	0140 _M		
A N	BIRTHPLACE I FOREIGN COUNTRY Iebraska		U.S.A	Α.		WIDOW		DIVORCE	D [2]	St.Mar	y's		MD.		
Le	city or town conardto	wn	1	ary s	Hospi	tal	ER INSTITUT	ION		WORKING LIFE)	YPE OF WORK	126 KIND OF B OR INDUS	IRY		
	JAL RESIDENCE STATE Md.			13c. CITY	RESIDENCE BÉFORE ADMISSION) 134. CITY OR TOWN Rid e		13d. INSIDE CITY LIMITS? 13e. STREET ADDI			.O. Box	441				
14,	FATHER'S NAM		MIDDLE		LAST		15. MOTHER	R'S MAIDEN		MIDDLE		LAST			
)	Cliftor	1	MIDDLE		Smith			Glady		Rose		Lehr			
160.	WAS DECEASI	ED EVER IN U.S. A	RMED FORCES?		IAL SECURIT		17. INFORM					2 Idlew	ood La		
	Y 25	Navy		505-46-2428					Garner	Tucke	r, Ga	30084			
	PART I D	EATHWAS CAUS	ATE CAUSE (a)), and (c).) Myocaro		Infarc	ction				BETWEEN ONS Lmm			
Z	gove cause (cause (caus	ons, if ony, which is to immediate to immediate to immediate to state the state of	le / (b)		NSEQUENCE (E OR CONDITION								
CEPTIFICATION	19a DATE C	FOPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPS	/ ?		
												YES NO B			
		G OR ING CAUSE O		MONTH	DAY YEAR	R		OCCURRED) (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PA	RT 2)			
MEDICAL	21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE (STREET, FAC	OF INJURY TORY, FARM, I			CATION			OR TOWN	со	JUNTY	STATE		
7	22a Leertify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my apinion death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE											7/81			
230	/ SDECIEVY	ATION, REMOVAL			NAME OF CE				23d. LOCATIO	VN .	cou	INTY	STATE		
74	FUNERAL DIRE	Cremation 12/29/81 Cedar Hill Crematory Suitland P.G. Md. FUNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 1250. REGISTRAR'S SIGNATURE											Md		
		e Mattin	gley Lec	onard	town, 1	Md.		DEC	2 9 198		m g	March	r		



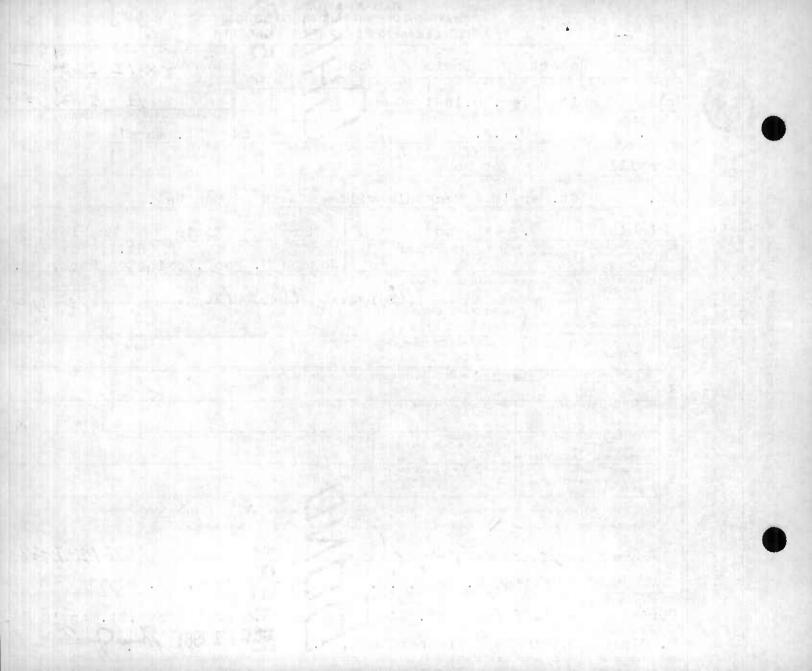
8		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.												3 3	2	2	6			
	2 8 2 8 F		CEASED NAME OR PRINT)	BRUCE	F	P VOLPE 20. DATE KNOWN OF ESTI-									23	1981	2:25 D M			
	RY, PLEA DIRECT OUR FILL ON STRE	3. SEX	LE	4. RACE CAUC	S. DATE OF BIRTH	1957	GE (IN YEARS	MONTHS	R 1 YR.	IF UNDER Hours		RONOUN DEAD	CED	DEC	23	81	21 HOUR 2:25 PM			
•	LOR Y WITHIN	FO	RTHPLACE (S REIGH COUNTRY) W YORK	TATE OR	76 CITIZEN OF WE	A.		MARRIED		/ER MARRI	ED (ORE CITY Ltimo	me A	TOULS MD					
	PAGE PAGE S	10. C1	ATUXEN	T RIVER	NAME OF HOS (IF NOT IN SUCH FA NAVAL	HOSPIT	ADDRESS)	R OTHER	INSTITUT	ION	DE PORM		ATION (T	PE OF WORK	BAL	26. KIND OF BUSINESS OR INDUSTRY BALTO LAUNCACO				
21201	IF ANY DELAY IS NECESSARY, PIEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILE. SHOULD BE FILED, WITHIN 72 HOURS AL RECORDS, 201 W. PRESTON STREET.	13a. S	SUAL RESIDENCE (IF IN NURSING DOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 6. STATE MARYLAND 136. CITY OR TOWN Baltimore 136. INSIDE (ITY LIMITS? YES NO 6514 Eberley Drive																	
WD.	MTH. IF 2017, 2, 2025, 11, 2, 10, 2, 3, 11, 2, 11,	14. FA	I. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE CLEDT											7	DOUMA					
BALTIMORE, MD. 21201	INS AFTER DEATH. III. 3. GIVE PAGES 1, 2, 3. GIVE PAGES 1, 2, 3. GIVE PAGES 1, 2, 3. F. PAGES 1, AND 2, 3. DIVISION OF VITAL	16a. V	FRANK VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES	16b. SOCIAL			INFORM				EBE	RLE D	RIVE		171			
	DURS AF 18. GIVE 5. WITH 19 AIT. PAGI E, DIVISIO		18. CAUSE C	OF DEATH (Enter on EATH WAS CAUSE	nly one cause per line	far (a), (b), on	d (c).)	001	0			BAL	LIMOR	E, MD	A	PPROXIMATI	E INTERVAL T AND DEATH			
TONS	124 HOUR I ITEM 18. ALONG W T PERMIT. FGIENE, D	7	90/8 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENÇÃO												2	20 11				
/. PRES	WITHIN NCIL IN INER / RANSI ITAL H'	-	Canditions, if any, which gave rise to immediate cause (a) stating the under-													7hrs-				
201 W	EXECUTED IN PEICAL EXAM ICAL ICAL ICAL ICAL ICAL ICAL ICAL ICAL		lying car		(c)	AS A CONSEG	MENCEOF													
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	O BE EXECUTED WITHIN 24 PENDING" IN PENCIL IN ITER WEDICAL EXAMINER ALON AS A BURIAL - IRANSIT PER ALIH AND MENTAL HYGIEL CREMATION, OR REMOVAL	NO	PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO GEATN	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).														
AL REC	SHOULD BORD "PEN CHIEF MA EUSED A URIAL, CA	MEDICAL CERTIFICATION	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORME							IMED?						20 AUTOPSY?				
OF VIT	ATE SHOUL THE CHIEF ILD BE USE MENT OF H TO BURIAL	CERTI		AL CAUSE WAS	21b. TIME OF	INJURY MONTH DA	Y YEAR	21c. HOV	VINJURY	OCCURRE	D LENTER N.	ATURE OF INS	URY IN ITEM	18 PART 1 OR PA		YES 🗌	NO NO			
SONO	ERTIFICATION THE	DICAL	21d INTITION	OCCUPRED	1 4-9 4	1212		21f. LOCA	TION	Noo	75a	nk l	Whil	L pu	lli	bo	rge			
20		ME	WHILE AT WORK AT WORK Chesquat Fag. 4 -6 While 55E Thomas											- P	Pt Light					
	きゅうじょり く		22a Certify that took charge of the remains described above, held an Autapsy Inspection Inquiry Inquiry Inquiry Ond in my op death resulted from: Natural causes Accident X, Suicide Inquiry Undetermined manner Inquiry Inq												pinion	inion				
•	AL EXAM THE CERTIFICATION HOULD BE TAL DIRE TAL, WITH, WITH E, MARY		ACTUAL SIGNATURE	M	las 1	Band	2	M.D.	TITLE (SI	PECIFY)	MEDI	CAL EXAM	INER	DATE	ED 12	2-24	1-81			
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,		EXAMINER'S NAME WILLIAM DEOND ADDRESS Leonar Stown St Mary												v i	ml				
	DAY DER	230.B	URIAL, CREMA	L ATION, REMOVAL	12-28-8	1 DRU	ID RI		CE ME		177	SES VI	IL	BAL	To	mi 1	Ch			
283	DHMH-17 (VR A15 ME (5)) 15M 2/80	_	UNERAL DIRE	-	RAL HOM	E Pik	SESVI			DE DE	CZ	REGISTRA	R 25b RE	GISTRARS	GNA	riteria.	(non-			



4			FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL I FICATE OF DEATH	HYGIENE 8	REG. NO.	3 3	2 2	1
M) me			ASED NAME	FIRST		MIDDLE		LAST		OF DEATH MON		AR 26 HC	DUR
oge deor				LILY	JARV	IS	WILKINS			MBER 28,			
ar, po		3 SEX	Ecmal c		4 RACE	•		DF BIRTH 13, DAY 1898 YEAR		YEARS LAST BIRTHDAY		YEAR IF UND	DER 24 HRS
age 4 r			Female		Caucas			13, 1898	83		YRS		
leath. Po	ot occ	COL	THPLACE (STATE (INTRY) Shingtor		76 CITIZEN OF		MARRIE WIDOW	D NEVER MARRIED ED DIVORCED		Mary's	OUNTY OF DEA	TH	MI
os s after c by the fu	D Cartied	Mec	y or town of hanicsvi	lle	Rt. #	1, BOX	STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF W	NEOCCUPATION ORK FOR MOST OF WOR TVISOR	RKING LIFE) INDU	ND OF BUSI	
AND 212	must be	USUAI 130 ST Mar	RESIDENCE (IF P ATE yland	JI36 COL	DROTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION TOWN NICSVILL	13d. INSIDE CITY LIMITS		# 1, 414			
MARYLAND ed within 24 implerely filler ond 2 should	Smine S	-	HER'S NAME	В.	MIDDLE	LAS		15. MOTHER'S MAIDEN	NAME	WIDDLE		LAST	
	ol ex				RMED FORCES?	avens	SECURITY NO.	Cornelia	Ma		Dodge	1	
BALTIMORE, onte be execu ysicion ond co opers. Pages I	medical	(YE	NO OR UNKNOWN	(IF YES, GI	VE WAR OR DATES)		6-4540	Patricia M	. Godwi		, Box 41		
DIVISION OF THE ATTENDING PHYSICIA hospitol or ottending place RECTOR. After this certification uses of the buriolity of Health and Mental	tem 21 is morked or them 18 shows ony injury, or other troumati	MEDICA	PART 2 OTHERS	immediate on the use lost lost lost lost lost lost lost lost	DUE TO, CO. (c) CONDITIONS CO. (d) CO. (e) CO.	ON A CONS OF INJURY M. MONTH M. OF INJURY MEET, VACCOMY, o	. 67 1	NOT RELATED TO THE T	/ 10_	TOPEY? 288 IN INCIDENT IN INCI	8 19 8	INDINGS USES OF DE NO	Mata (we) loss
TO HOSPITAL OR retained by the I TO FUNERAL DIF should be detech with the State De	IMPORTANT: #	23n BI	A. Sa RIAL, CREMATIC BEIET LITIAL	madi	M.D.	81		ATTENDINI PHYSICIAN 220 ADDRESS EMETERY OR CREMATO a Gardens	N DIRECTO	CATION YOR TOWN	COUNTY		STATE
2007			NERAL DIRECTOR	2	12-29	-01	Loormin 1		DA FRIG DO	lington REGISTRAR 256	Arling T	-	1.
DHMH - 16 50M 1/7 (VR A 15 (4))	6		NAME		meral Ho	ome Le	eonardto	3	S NHC	1982	Many o	Leantha	2 Cron



		OR TATE				PARTMENT	OF HEALT		NTAL HY	1.5	1		3 3	3 2	2	8
	R	EGISTRAR				CAL EXAM	IINER'S	CERTIFIC	ATE OF	DEATH	1	REG. NO	0.			
1.		EASED NAME				NODLE		LAST		6.7	DATE KN	ESTI-	HINOM	DAY	2	b. HOL
			Robe			ewis	Woo				DEATH M	ATED	4 12	2 193	AL.	
ı.	SEX		4. RACE		DAY	YEAR LAST B	RTHDAY) MON	NDER 1 YR.			DATE	ED	MONTH	5		153
-	a.l	THPLACE (ST.	White	Jan.	10,1	1941 40 COUNTRY?	YRS.			0.0	DEAD	DE CITY (12	TY OF DEATH	-	122
	FOR	d.		U.S.		COONTRI	1	RIED NEV	ER MARRIED				ary'			
п	_	y or town o		11. NAME O	F HOSPIT	AL, NURSING H	OME, OR OT			2a. USUAL		TION (TYP		126 KIND OF OR INDU	BUSI	NESS
le le		RESIDENCE (IF IN NURSING HOM	OR OTHER INSTITUT	ION, GIVE R	SESIDENCE BEFORE AD		13d. INSIDE CIT	V 11MITC2 11	% STDEET	ADDRESS					
	Md		St.	Mary's		lechani	csvi.	Les 🗆	NO KIX		den .					
1		HER'S NAME		WIDDLE		LAST	N NA	15. MOTHER	R'S MAIDEN	NAME	MIDD	LE		LAST		
		Louis		W.		Vood			ry	E	Elsi			Buckle		
11	60. W	NO. OR UNKNO	EVER IN U.S. A	RMED FORCES? (E WAR OR DATES)		166. SOCIAL SEC	JRITY NO.	17. INFORM						1, Box		
E, DIVISION		No						Jose	ph H.	· Woo	d, L	exir	ngtor	n Park		
		18. CAUSE OF PART I DE	DEATH (Enter of ATH WAS CAUS	only ane cause p ED BY:	er line fo	r (o), (b), ond (c).	1		-0	0 0				BETWEEN	NATE IN	TERVAL ND DEAT
	- 1	26	2 IMMEDI	ATE CAUSE (a)	0.00.40	(nie 1	Mei	hol	Lan	4		15	-1	15
		Canditian	s, if ony, which		O, OR AS	A CONSEQUEN	ICE OF								-	
		gave rise	e ta immedia stating the unde	re (b).		A CONSEQUEN	ICE OF									
		lying caus		DOE	O, OR AS	A CONSEQUEN	CE OF									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?														
	CA	19a. DATE OF	OPERATION	19b. C	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?										PSY?	
	E .	21- EVTERNIA	L CAUSE WAS	916 TI	ME OF IN	I II I I I I	la.							YES [NO X
		JNDERLYING	OR	HOU	R A.M. A	NONTH DAY	YEAR ZIC.	HOW INJURY (OCCURRED	(ENTER NATU	RE OF INJURY	IN ITEM 18	PART I OR PA	ART 2)		
		CONTRIBUTING	CCURRED		P.M.	INJURY (AT HOM		OCATION							-	
	ME		NOT WHILE AT WORK	STRE	ET, FACTOR	Y, FARM, ETC.)		STREET		cn	TY OR TOWN		cc	YINUC		STATE
	1	22a. I certif	y that I took cha	rge af the remai	ins describ	oed obove, held	an Auto	psy ,	Inspection	X,	nquiry 2	₹ or	nd in my o	pinian		
		death resulte	d from: Not	ural causes), A	ccident,	Suice [1		Undetermi	ined mann					
		ACTUAL	CTUAL A B Deputy DATE 10-7-91													
-		EXAMINER'S NAME William D. Boyd, M.D. ADDRESS Leonardtown, Md. 20650												<u> </u>		
7	_	TYPE OR PRIN	ION, REMOVAL		D.			ADDRESS OR CREMATO		23d. LOCA		riu.	200	330		
		rial, cremat	ION, KEMOVAL	12/6/	81	Mt. Z				CITY OR TO	OWN	Cnos		t.Mary	STATE	
		NERAL DIREC	TOR	12-7-07	_ <u>_</u>	110. 2	2011		5a. DAT			25b. RE 4		SATISME	1/2	
Ī	N	NAMIani	re Mat	tingle4	DDRESS	Leonar	dtown			1 4	7 178	1 4	name	Chanl.	436	Some



Leonardtown, Md.

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

W. "Clarke Mattingley

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

The state of the state of the con-